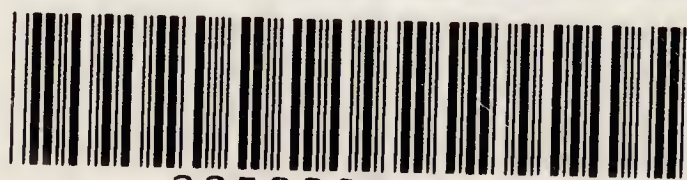


A STUDY OF MASTURBATION

J.F.W. MEAGHER

SECOND EDITION

BAILLIÈRE, TINDALL & COX



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~~St Thomas's Hospital Medical School~~
St Thomas's Hospital Medical School.

A Study of Masturbation *and* The Psychosexual Life

by

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HAMILTON PRINTING CO.,
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TO
DOCTOR ERNEST JONES,
OF LONDON

A SCIENTIST
WHOSE WRITINGS HAVE ENRICHED
MODERN PSYCHIATRIC THOUGHT

CONTENTS

CHAPTER	I. Sex knowledge and instruction. Attitude in regard to sex. Duties of physician, clergy- man, and parents. Age to teach	13
CHAPTER	II. Family influences on character. Repressions. Inhibitions .	33
CHAPTER	III. Sex instinct. Instinct and im- pulse. Aim of the sex in- stinct. Sex impulse in woman. Bisexuality. Origin of the sex impulse	41
CHAPTER	IV. Psychosexual development. Autoerotic, narcissistic, homosexual and heterosexual stages	50
CHAPTER	V. Masturbation. Some psycho- logical considerations. Effect of puberty. The mechanism involved. The equivalents of masturbation	63
CHAPTER	VI. Causes. Prevalence of the habit	72
CHAPTER	VII. Exaggerations of the harmful- ness of the habit. The effect of secrecy	78
CHAPTER	VIII. Symptoms and sequelæ . .	84
CHAPTER	IX. Masturbation and coitus com- pared	97
CHAPTER	X. Treatment of masturbation .	100
CHAPTER	XI. Some special factors. Masked and substitutive forms of masturbation	114
CONCLUSIONS	124
INDEX TO AUTHORS	125
INDEX	127



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PREFACE TO THE SECOND EDITION

Because of the numerous studies and researches which have been made in regard to the psychosexual life during the past twenty years, we have come to have a fuller and better understanding of the significance of sex manifestations.

A scientific realization of the significance of masturbation in youth, by the general medical practitioner, should soon be followed by a similar appreciation by parents, clergymen, and teachers, of its place in development. Only by a wide diffusion of this special knowledge, will we be able to successfully limit those problems which arise as a result of sex conflicts and maladjustments. And then when the intelligent public are better informed, they will assist in preventing a great deal of the unnecessary neurotic manifestations, which to-day are all too common, not only in youth, but in many adults as well.

We see many evidences of the present-day interest in this and allied subjects, on the part of progressive medical men. And this is in great contrast to the neglect with which the whole psychosexual life was treated only a generation ago.

It was highly gratifying to notice the kindly reception which the reviewers gave to the first edition of this book. This was true not only in such special journals as the *Journal of Nervous and Mental Disease*, *Mental Hygiene*, and the *Psychoanalytic Review*, but also in those medical journals, most of whose readers do not devote much of their time to

matters of sex or psychopathology, *e.g.*, journals like *Hygiea* (published by the American Medical Association), the *Long Island Medical Journal*, *California and Western Medicine*, the *New York State Journal of Medicine*, *Northwest Medicine*, etc.

Our wish is that a serious and sincere interest in regard to psychosexual development may be aroused in all guardians of youth. Then when they have acquired a clear idea of what the psychosexual life in general, and masturbation in particular, really mean, they will be able to approach all of these sex problems with better understanding, and manage them more successfully.

JOHN F. W. MEAGHER, M.D.

June, 1929.

PREFACE TO THE FIRST EDITION

I have attempted to present as concisely as possible the essential features of this much discussed, and yet little understood subject. The views which I have propounded reflect, I believe, the modern medical thought on the subject of masturbation. Not only physicians but others interested in the psychological and sociological aspects of the topic have voiced the need of an essay such as this one.

While the issue in the management of this problem is essentially a medical one, the ethical or moral factor must be given considerable thought and study, if one is to appreciate the difficulties of most of these patients who consult us concerning masturbation. This is emphatically brought to our attention in the course of our investigating the character traits and trends of these patients, and their varying ways of reacting to their difficulties. The ones who react most severely to the habit are, as a rule, intelligent youths of the highest moral type. Contrariwise, those individuals of poorer moral fibre, *e. g.*, morons, —often show but few neurotic manifestations as a result of their indulgence in this habit. And this is what one would expect to find. For in these latter individuals, the moral conflict is extremely slight, or may even be absent.

Not only physicians, but clergymen and teachers are often consulted by parents, and by the youths themselves, for advice in regard to disturbances which they attribute to this habit. In fact, clergymen are probably more often consulted by those individ-

uals who in earlier years are bothered by the minor nervous and moral upsets which they attribute to indulgence in masturbation. This being true, it is incumbent on the clergyman not to depend entirely on the emotional hold which he has on the youth; but he should acquire a working recognition of the significance of masturbation.

The average one of these youths expects, both from the physician and from the clergyman, something more tangible than mere admonitions, platitudes, or vague generalizations. The clergyman will use good judgment if he confines his activities to those youths who are morally troubled, and sees that those whose psychic upsets tend to be serious, receive competent medical attention. For, after all, the physician is the only one whose training—medical, surgical, and particularly psychiatric,—permits him to study the problem from all angles.

The serious-minded physician who recognizes the great importance that the successful management of this problem may have for the future welfare of his patient, will not rest content with recommending, say a circumcision, for an existing phimosis. For he will realize that the solution of the difficulty which perchance has existed for years, cannot be so simple. He will readily understand that such a surgical procedure alone will influence only to a slight degree the psychosexual attitude of the individual.

Unless the adviser appreciates something of the biological significance of masturbation, he will not be successful in allaying the patient's morbid fears. So it is necessary for him to know something of the genesis of masturbation,—and not to regard it solely as a surgical problem, or a medical problem, or a mental problem, or a moral problem. Rather must he consider all of the factors related to each of these issues in every individual. And here, as elsewhere

in studying any phase of human conduct, he must give particular attention to the personality makeup of each patient. For success or failure in one's attempt to cure this habit depends in great part on the temperament and character of the individual who is being treated. After a rather extensive practice with this class of patients, I am convinced that if they are properly treated early in life, much subsequent post-adolescent illness will be avoided. The onus for much of the later upsets must be blamed on the failure of the parents to view the whole situation in a rational light.

Wishing to check up my own deductions concerning this subject, I consulted the writings of nearly two hundred investigators in order to get their consensus of opinion regarding certain phases of masturbation. One can readily understand that under the circumstances it was rather a difficult task to limit my discussion to the most important facts, and at the same time to eliminate all unessential details. For obvious reasons, I have omitted all case histories. Their inclusion here I felt would in no way enhance the general principles which I have advanced.

The designation of these sex manifestations of the pre-adolescent and infantile periods of life as "masturbation" might be criticized by some. It might be suggested that the term "autoeroticism" would be a more appropriate one for these earlier manifestations. And again it might be suggested that the term "masturbation" had better be reserved to express the adult type of this act. However on biological grounds, if for no other reason, such a criticism would hardly be a valid one. And at best, it would be an objection to terms, rather than to facts.

JOHN F. W. MEAGHER.

BROOKLYN, N. Y., *January*, 1924.

CHAPTER I

SEX KNOWLEDGE AND INSTRUCTION. ATTITUDE IN REGARD TO SEX. DUTIES OF THE PHYSICIAN, CLERGYMAN, AND PARENTS. AGE TO TEACH

It was not until about 1850 that sexual psychology become a recognized study. Before that the subject had been almost neglected scientifically. Jung said that the objections to the discussion of sex in most people are not intellectual, but are founded on a feeling of moral resentment. Even Charcot paid little attention to sex as being an etiological factor in hysteria. And many physicians still maintain the ancient taboo regarding sex topics. To-day the number of scientific articles on sex are relatively few as compared to the erotic and often unethical treatment of the subject in novels, press and magazine articles, and theatrical productions.

Needless to say there are other impulses in life besides the sexual. But none suffers greater repression and is so little understood scientifically as the sexual. One who rejects sexual enlightenment is quite withdrawn from normal sex life. Yet we see patients who cannot get away from their ignorance. Many people are cultured in all other respects, except that their sexual life remains at a low state of development. Many families react quite eccentrically to any mention of the subject. Convention causes the primary repressions, which are increased by prudishness and hypocrisy. And how paradoxi-

cal modern civilization is! It teaches repression of all matters relating to sex; and yet in its literature, press, moving pictures, dress, etc., it unduly stimulates the sex impulse. You cannot eradicate the sex differences of man and woman, for civilization enhances them.

ATTITUDE

It is one's attitude which determines whether sex matters will be explained or ignored. In fact attitude has much to do with all our reactions in life. More than one's knowledge and questions, it is one's attitude which will make it possible to get a proper history from a patient, thus enabling one to understand his conflicts and reactions. Attitude regarding the physical, psychic, social, and ethical aspects of sex is first founded in the home. Later it is modified by one's associates. So in general one might state that our early upbringing has much to do with our later attitude. The responsibility in great part rests with the parents. Secrecy favors a negative or harmful attitude. The aesthetic and idealistic side of sex and the love life should be taught. For after all motherhood and fatherhood are sex situations. High ideals in regard to sex are far superior to those ideas fostered by a primitive attitude. It is the moral, ethical, and aesthetic factors in sex which distinguish it in man from the same impulse in animals below the grade of man. Difference of opinion as to whether a situation or thing is good or bad in great part depends on attitude. What one must develop is a normal, healthy attitude in regard to sex matters.

Where a person's attitude is bad, he will not be

able to instruct a youth in these matters in such a way as to produce an impersonal position toward sex. Those with superficial minds are too apt to emphasize certain factors, and fail to understand the broad meaning of sex, in so far as its potentialities for good or evil are concerned. Even parents who regard all sex as unclean cannot teach children; nor can any adult who is embarrassed when sex questions are asked of him. As Eliot of Harvard said, let us teach that the begetting and rearing of children are sacred and beautiful processes, and thus eradicate any ideas of secrecy and shame about them.

We all know that the parent's attitude has much greater weight on the child than the spoken word. For speech may be employed to hide one's meaning, as well as to express it. But one's attitude leaves no doubt as to what is meant. Verbal sympathy is one thing, and affective sympathy quite a different thing.

It is unfortunate but true that some women have a greater interest in their social career than in training children. An unloving parent is not a good parent.

VALUE OF INSTRUCTION

Many a youth's early life has been made unbearable by fear, shame, and worry, because of a lack of worthwhile information regarding sex matters. This has led later to a deep-rooted feeling of inferiority, and, due to resistances, dissatisfactions, and remorse, he wastes a great deal of energy.

We all know that most young people's ideas on sex are crude and faulty. In fact such individuals

may be frightened by the false ideas they have picked up, and may over-compensate later by trying to reject sex in its entirety. As Hall has said in his "Psychology of Adolescence," proper knowledge will shock quacks who have perverted, and prudes who have obscured, the plain facts of life for the adolescent. Frankness will produce better results than deceit, particularly with children.

Early adequate sex instruction has a beneficial effect on the emotional development of the child. Of course curiosity in regard to the sex instinct must be gradually refined in children. This does not mean that the impulse must be eliminated; not if you expect to develop the child's nature normally. We must know what is normal, before we can understand what is abnormal. So we must follow the roots of the psychosexual life into childhood.

Curiosity and initiative are normal characteristics of the healthy child. Our present-day life stimulates interest. Among adults all great thinkers show a strong curiosity. The child's curiosity is scattered. But it is early directed toward the pelvic region. Properly handled his curiosity may be refined into a desire for knowledge. If badly handled, it may cause over-compensations, with disgust toward all sex questions in adulthood.

Not only health but efficiency comes to the youth the sooner he is put on the right path. People who are inferior sexually may remain at ease as long as they associate only with their kind, and so remain ignorant of what normal sex life means. Inferior types tend to gravitate toward each other, and so avoid contact with the normal individual. Excessive repression of the child will ruin first his spontaneity, and then his independence. Where all knowledge

has been refused, and the child forced to repress his curiosity, we find the individual frequently suffers from neurotic manifestations after reaching maturity, because of fear which has been aroused by some trivial sex incident; or he may develop a trend of constantly reacting against a feeling of guilt, which uses up his energy and causes fatigue; or it may cause irritability, and the dammed-up feeling produce vegetative tensions, with all sorts of somatic complaints. Of course sex instruction will not remove temptations, but if scientifically and ethically given, it can assist in self-control, and help to prevent neuroses. I doubt if anyone will deny that ignorance regarding sex has caused much unhappiness, and that it has prevented normal psychosexual development. Ignorance never favors satisfactions in life, nor does it help to remove mental conflicts. Proper training is especially necessary during the developmental period, to bring out the youth's good traits. Those who in youth had all sex portrayed as disagreeable, frightful, and humiliating cannot be expected to react normally to it in adulthood. In fact if they belong to the repressed-erotic type of individual, such false instruction will favor a neurosis.

INSTRUCTION

In teaching young people facts regarding sex, be brief and impersonal, and yet satisfy the imagination as far as is deemed necessary. The important thing to remember is never to arouse any disturbing emotional state, particularly fear or anxiety. You do not teach everything, but you must instruct in regard to obvious facts. It may be necessary to tell a neurotic child more than a normal one. And sym-

pathy will favor discipline and self-control more than will censure. It is only through sympathy that one can appreciate the difficulties of the child. One has to do more than merely to follow conventional attitudes regarding this subject. Instruction should not be abrupt or unsolicited, or it may cause emotional unrest or anxiety.

In each individual we have a certain personality, with a certain grade of intelligence to work with. It is easier to develop self-control and the sense of responsibility in some than in others. Instruction in this subject means more than merely imparting some special knowledge. Your aim is to develop character, and to satisfy the emotional interests of the individual in a socially approved way. He must gain realization and insight into life's problems.

Secret and improper knowledge may be the cause of the hold one youth has on another. It favors the development of morbid fear, and produces in the individual a feeling of shame in regard to even normal sex matters. Why should a parent ever feel that a condition like pregnancy is impure? In telling a child certain facts, the mother can tell the child to keep the information to itself on the grounds that every mother wants to instruct her own child. There is little need for instructing normal youth regarding the abnormalities of sex. Yet this is what is stressed in present-day erotic literature. Learning only the abnormal, prevents one from seeing the aesthetic side of sex.

Let us consider a little more in detail the responsibilities of those who are most likely to be asked for advice in instruction. I refer to the physician, the clergyman, and the parent.

THE PHYSICIAN

Every psychiatrist realizes that he must have an adequate knowledge of the psychosexual life. For he is well aware that hydrotherapy, diet, and other such measures used alone will never cure a psychosexual difficulty. But we realize that there are still some physicians who have never given this subject much consideration, and who still regard the idea of a psychosexual life in youth as fallacious.

Up to recent years the study of psychic sex phenomena was not popular. Formally only alienists and psychiatrists gave the subject any real consideration. The result naturally was that some uninformed doctors gave advice regarding sex matters which was pretentious but hardly profound. And bad advice may keep up a bad situation.

It is necessary for psychiatrists to pay particular attention to psychosexual difficulties, because the psychic factors are much more important than the physical ones. But a real psychological study must also include both the moral and ethical factors involved.

Without wishing to be critical let me note here what a few well-known men thought of the way in which the average physician handled this whole subject of the psychosexual life until recently.

Putnam,¹ at the time professor of Neurology at Harvard University, said that the majority of physicians fail to drop their earlier prejudices in regard to sex questions, and that they often shun all discussion of sex problems. G. Stanley Hall said that the average doctor knows almost nothing about sex,

¹ Putnam; N. Y. Medical Journal, June 15, 1913. \

and the average clergyman less. Jelliffe¹ was even more severe. He said that too many physicians cannot help, because they do not get beyond the false, obvious, superficial, and prurient; and they often handle sex topics hypocritically; that they are prudish, and have many false sex ideas. Another writer said that the average teacher handles the subject better than many general practitioners. One can rest assured that if the problem seems beyond a physician he will not be able to manage it successfully.

In a questionnaire answered by 69 physicians (all specialists in gynaecology, urology and psychiatry) 46 gave it as their opinion that the average physician was not competent to teach sex, because he would not take the time and care to learn the fundamental facts of the psychosexual life, and he has never been taught them in the medical school. Most of them neglected the mental and the emotional aspects of the subject.

This is enough to prove that it is the duty of every physician who has a love for youth to understand the facts of the psychosexual life. Then he can show the young that some of their traits are shared by many people. Realization and insight are important factors in helping maladjustments. He will come to learn that it is the strong repressed cravings, rather than the conscious wishes, which are causing the neurotic manifestations. In trying to assert themselves they conflict with the conscious ethical wishes of the individual. In fact the physician has a social as well as a medical duty to study the emotional

¹ Jelliffe; *Mental Hygiene*, Oct. 1920. (A Questionnaire on Sex.)

states of his patients, as they have much to do with their reactions.

Study the personality make-up, with the idea of developing traits that will lead to right conduct. For besides heredity and the environmental, up-bringing factors, the personal characterological factors are most important in psychosexual development.

The physician, not specializing in this branch of medicine, will find many patients who will object at first to admitting a sexual cause for some of their neurotic symptoms. Much tact must be used with such patients. Likewise in trying to instruct the parents of his patients regarding sex matters, he can easily give offense or create hostile feelings in them, unless he uses great care and goes very slowly in his instructions.

Some medical men do not agree that the indirect biological approach in teaching is all that is necessary up to puberty. For many youths cannot draw proper conclusions in regard to human reactions, from the biology of plants and flowers. This of course helps, but early in adolescence you will have to give them some information regarding the psychosexual life of the human being, if you expect them to have proper insight. Most authorities agree that some instruction, not exhaustive of course, regarding the anatomy and physiology of the sex organs, is advisable. Some however are against this. Many parents, moreover, do not agree to this, particularly in the case of girls. These same girls after marriage, knowing nothing of the sexual tendencies of men, may take a long time to adjust in marriage. Some of them never fully adjust. And they often become very neurotic, before consulting a physician

regarding their difficulties. They may see no aesthetic side to sex. But unbelievable as it seems, there are a few parents whose teachings would indicate that to them even menstruation is shameful. The young child's idea of his sexual organs is chiefly in terms of his excretory organs.

CLERGYMEN

Both the physician and the clergyman can do a fine ethical service, if they will teach sex as it should be taught, normally and ideally. With the clergyman, sympathy and common sense will do more good than a little technical medical knowledge with no sympathy. One must never depend on admonitions and threats, for it must be kept in mind that a peaceful mind is incompatible with a disturbed sex life. Threats may favor morbid self-consciousness or even depression. To cure a youth of a habit which may interfere with his normal psychosexual development, it is not necessary to make him feel inferior, or to cause him undue shame and worry. A sympathetic understanding will always prove valuable. Then religion, with its practices of love and mercy, can be utilized as a fine outlet for the adolescent's tendencies. It has been said that the asceticism of early Christianity was in part a revolt against the sexual degradations of pagan Rome. Aestheticism and not asceticism is what must be taught in regard to the sex instinct.

One clergyman, apparently somewhat opposed to sex teaching, said that we should teach self-control, self-sacrifice, obedience, and modesty. All of which is true. But this is not an argument against scientific sex instruction. He said that knowledge alone

saves no one from delinquency. But from this would he have us infer that knowledge with other factors added does not keep many from having conflicts and resulting neuroses?

It is well known that many good people, totally ignorant of scientific sex information, but who are noted for their self-control, self-sacrifice, obedience, and modesty, suffer from sex neuroses. When this same writer said that shame is an instinct of nature, others feel that it is not an instinct, but a developed trait. Again he said that the child is naturally moral; whereas it is naturally unmoral until training has developed its moral and ethical senses. The young child is egoistic, and is not particularly mindful of the rights of others, until it is properly taught and trained; and the clergyman, like the general practitioner, should make a careful study of the child's psychosexual life, for he will of necessity see many more of these problems than the specialist will; and therefore should be in a position to manage them successfully. It is true, as Bigelow¹ said that it does not follow that in knowing what is right, we will do what is right. Whether we do or not depends on the relative weight of conflicting forces. For not knowledge alone, but wisdom will lead one aright. Where a person's attitude is founded chiefly on prejudice, logic will rarely change it.

PARENTS

Much that we say here will be applicable to teachers. It is most necessary to train the child in good habits early, and to develop healthy traits and

¹ Bigelow; Sex Education, MacMillan Co.

trends. All youths crave power and social esteem, and especially the love of their parents. This principle should be kept in mind in training.

Many parents need sex enlightenment themselves, or tradition, but only to eradicate the harmful prejudices. As Ivan Bloch said, too much Utopia spoils any reform. One does not have to be illogical in trying to be ethical.

No one wants to do away with the good in custom inasmuch as they do not understand their own sex impulses. In fact many women refuse to admit even to themselves that they have any. Parents cannot evade their responsibilities. Many parents who seem afraid of everything pertaining to sex, are really afraid of themselves. The average individual reacts to sex either prudishly or vulgarly, rather than in an impersonal or objective way.

Not even all educated parents are temperamentally fitted to bring out the best in regard to emotional and character development in their children. Even as to normal sex questions, women particularly show greater repression than do men, and to the physician they often deny that they have any phantasies of a sex nature. Some youths retain good mental poise in spite of the familial faults.

The parents must bring out the healthy constructive side of the child-parent relationship, and develop good moral and social trends. It is their duty to study what sort of a love object will adjust best to their particular child when it grows up. This decision with most parents is a haphazard sort of a proceeding. For example, if parents understood the crippling effect of a fixation in narcissism, they would try to overcome this in their children very

early in adolescence. Otherwise they are apt to have neurotic children later on.

Sincerity is even more necessary in the child-parent relationship than in any other relationship. Exaggerated teaching is not in line with the truth, and is never called for.

Mental stability can hardly be developed in the youth if it is absent in the parents. Parents must remember the instabilities so common to the adolescent period, and also that inhibitions cannot take root over-night.

In attending to the formal education of youth, it is rare that any attention is given to sex problems. Yet such instruction should be given, gradually, over a considerable period of time. Certainly in the earlier years it should be individual rather than in class. When ideally given, the ethical and religious phases should be brought out.

Parents must realize that with the development of the secondary sex characteristics in their children (breasts, pubic hair, menstruation, emissions, etc.), various phantasies and questions of a sex nature must arise. To deny this, is to deny experience and common sense. This is especially to be remembered by those parents who would treat all questions of sex as though they were non-existent, even when they observe the worries of the child. Even those people who inhibit all ideas of sex, have themselves a sex impulse. There is a popular idea that the sex impulse is absent in childhood, and suddenly appears at puberty. This is the cause of much of the misunderstanding regarding the sex life. This idea was held up to twenty-five years ago, since which time the child's psychosexual life has been carefully

studied, and a vast literature has been accumulated regarding it. As I will show later, the child's sex life differs entirely (in its aims, expressions, etc.) from the sex life of the adult. Some people will not believe that the child has any sex impulse because they do not want to believe it and again because they possess no memories of this period, the phantasies regarding it having been repressed because of their nature. Years ago men studied the child's conduct and ideas, but paid no attention at all to its inner phantasy life. The sex instinct is gradually developing from birth. In fact in the light of all we know now, one wonders how it was ever believed that the child suddenly becomes an adult at the time of puberty. So parents must be in a position to answer their children's questions sympathetically. A girl's first menstruation or a boy's first emission is apt to cause fear, unless they have been properly instructed. The mere fact that the parent received no instruction in youth is no argument against his giving instruction to his child, *i.e.* if he will save his child from being tormented as he (or she) was.

Younger children often naïvely express their sex ideas and curiosities openly simply because their cultural development regarding shame and modesty has not yet advanced far enough to allow their inhibitions to prevail. But after all, curiosity is the basis of nearly all of our knowledge. Most children do more thinking than their parents realize; their phantasy life being especially rich and varied.

AIM OF PARENT

Every normal parent wants to create goodness,

beauty of mind, and virility in his children. He wants to supplant the child's phantasy life gradually by a life of reality. The pattern for later life is usually the early family life. In trying to make the child self-reliant and efficient, one has to take into consideration his temperament and make-up. Every parent except one fixed in narcissism, wants to prevent his or her shortcomings and bad traits from developing in the children. And for this reason, it is necessary that the parent should not remain ignorant of the roots of conduct. An excess of instruction, badly and abruptly given, and which the child cannot appreciate, is as bad as no instruction at all. Needless to say, parents with poorly balanced character traits cannot be highly efficient teachers of children.

We all should pay more attention to the child's inner life, and know something of the content of his phantasies. This is easy to do by direct questioning if parent and child are in good rapport. The trouble with most parents is that they confine their studies to obvious expressions of word and act, and do not try to get at what the child is often thinking about. Only where there is mutual confidence will the parent be able to tell what a child is worrying about. Where the child feels only shame in the presence of the parent, he is apt to hide the facts.

Boys must not be allowed to grow up to regard sex with levity or with abnormal fear. They must learn to have great respect for girls, the future mothers of the race. And it is pernicious to be always teaching girls to avoid and to be afraid of boys. A little of this admonition might be spared to caution them about some bad members of their own sex. Sex impressions formed in early life may determine one's

whole later course of conduct, in regard to the opposite sex and to the question of marriage.

Some parents refrain from teaching their children anything regarding sex because of their own sex ignorance, and also because of their lack of savoir faire. Some are full of prejudices and know few real facts as to the sex life, due to their own faulty early training. Others are worse still, and paint everything relating to sex in a pathological light. It shows a lack of understanding on the part of the parent to interpret children's reactions in terms of adult behavior and feelings.

Parents with sex phobias and a morbidly developed sense of modesty, cannot instruct regarding even the essentials of life, for they react to their children's natural questions with embarrassment. We always find, too, that those parents who regard sex as something shameful, always try to minimize its importance. In other words they react as though no one should understand anything about the subject. "None so blind as those that will not see," to quote Henry. In some of these individuals, however, this is partly an affectation. They are neither honest with themselves nor even with their physician in discussing sex. Some show no tact; others handle the subject with too much ceremony. Parents who have as prominent traits, selfishness, touchiness, prudery, or hatred, cannot train their children properly.

Where a mother takes the attitude that sex is something base, she would naturally have to feel that she would lose her self-respect if she taught anything about the subject. She sees nothing beautiful or noble about sex and the love life. Her teaching must be negative, *i.e.* she tells her children

much of what not to do, but practically nothing of what they should learn and understand. The child of such a parent must get chiefly misinformation from its companions in school and on the street. Such a child often learns to talk well, but to act badly. For where he is given evasive replies to his questions, or is habitually rebuked for asking questions at all, he then consults dubious outside sources for enlightenment. Later on, many of these youths from excessively ascetic families will tell you it took them years to unlearn much of the harmful fancies told them by companions.

Repression is necessary for cultural development; but not to such an extent that it brings an individual to maturity in dense ignorance about all of life's processes. This we see in many ascetic adult women, most of whom suffer from neuroses in their forties because of their ignorance.

Excessive repression and prudishness result in the "too-well-brought-up" youth. One of this type later becomes sensitive, often shows lack of confidence when away from home, has a great sense of inferiority, and often feels unappreciated by his fellows. He is apt to develop a neurosis, which uses up much energy that had better have been utilized in healthy social outlets.

This same individual, as an adult, may feel resentment or even hatred, toward his parents for having withheld facts which he should have known, and with which he could have made better adaptations as he developed. I have seen some of this type of individual in adulthood react with no desire for any sort of knowledge. They tend to live a life of phantasy, which is always mentally bad.

To punish a child severely for some petty sex incident, or for displaying some curiosity along these lines is bad, and does harm. This really is only reflecting the parent's own feelings toward the situation. It is enough to let the child know that his idea or act is in bad form and vulgar, and to give him the reasons why. You cannot make a cultured adult out of a child over-night, that is, and not break his spirit and independence. Abusing the child and making him feel shameful will cause a deep sense of inferiority in him. And if we have one rule in psychiatry, it is never to make anyone, adult or child, feel inferior. For what a waste of time and energy it is to do just this, and then try to cure him of his inferiority-feeling later on. Rather avoid producing the condition. We can get a youth eventually to renounce bad habits without frightening him; but a cure is hardly successful, if in securing it, we break the personality of the individual.

AGE TO TEACH SEX

As to the proper age to teach children anything about sex, it stands to reason that you have to begin early, before they begin to build up odd phantasies regarding sex questions. Remember that even the most careful protection will not prevent children from sometimes learning of sex matters. If left ignorant, a girl who has been carefully protected for sixteen years may learn false and pernicious things from a companion or a servant, which may spoil all the previous work of her mother; particularly if the mother has not the confidence of the daughter. All information should come from a high and authentic source. For if learned in a bad way, and if

the content of what is learned is unethical, it will harm the child's imagination. Some children come to learn only the bad things about sex, and none of the healthy and valuable things or circumstances.

Where parents wait until the children are too old before they give them any knowledge on this subject, it is often too late. And I might add that the mother is much more apt to be shy if she begins instructions in middle adolescence, than if she had begun in earlier childhood. As Moll said, "Better a year too soon, than an hour too late." Innocence with knowledge is superior to and safer than innocence with ignorance.

The best guide as to when and what to teach, is the child's own questions. In fact this is better than routine instruction, which is neither necessary nor desirable for children. As stated previously, the questions must never be answered evasively nor in a hypocritical manner. Tell the individual child only enough to satisfy his curiosity. Never tell him more than he can absorb and understand. And tell him nothing that will stimulate either his emotions or his imagination. Of course all children cannot be taught alike. Each one offers individual problems. Always be objective and never personal in your remarks. Most children begin to ask questions about bodily and physiological facts at about six years of age. And long before they reach puberty they ask numerous questions about sex, family, and social relationships. The questions demand the serious and sincere consideration of the parents or the teacher.

So all psychiatrists are in agreement that instruction should not be begun too late. In the first place

it is often useless then. Again many a mother will find out that if she begins to teach an uninformed ascetic girl at the age of 25 years or so, matters of sex, she is apt to arouse anxiety or disgust. This is because the girl has already been conditioned since early childhood to react that way to everything pertaining to sex in any form. The mother will now find that a short talk given too late, cannot easily change the girl's morbid attitude and eccentric reactions. Thus we see that the parent can wait too long, to be of any service in helping the girl reach a normal psychosexual development.

CHAPTER II

FAMILY INFLUENCES ON CHARACTER. REPRESSIONS. INHIBITIONS

The family relationship lays the basis for all future relationships, not only as to sex, but toward all problems of life and authority. Certain families regularly have docile, others rebellious members. The manner in which the family assists, or injures, the child's instinctive life is of the greatest importance in character development. So study carefully not merely the physical but the mental life of the child, his emotional status, his traits, tendencies, capacities, and abilities.

The guardians of the first five years—the most important in regard to the personality development—are responsible for the character traits of the individual. For character is determined not only by heredity and training, but by the manner in which the instinctive trends of the child are controlled and socialized. Thus the parents condition all the child's future attitudes and ways of doing things. And thus is determined the value of each component of the sex impulse (visual, aural, oral, etc.); also whether there will be a fixation short of normal heterosexual development. For this reason the moulding of character should never be entrusted to servants or paid employees. It is unfortunate that many parents pay little attention to their children's character development, even those parents who see that they get a good formal education. Many people do not take

their parenthood seriously, and in fact have but little idea of its responsibilities. It is well known that a woman who has a morbid exhibitionistic trend (dress, society, etc.) shows only a perfunctory interest in bringing up children. Real mother love represents a total abnegation of self for the good of the child. Not all women possess it.

Love, effort, and self-sacrifice produce emotionally happy children, and favor their having fine characters. But this does not impress some parents. Better parents mean better children. We should try to make a fine moral and social unit of every child.

Love and play—these are the greatest things in a child's life. The more love a child gets the first year, the more he develops temperamentally and intellectually. There is nothing like happiness and encouragement for the child. All people crave love, esteem, and power. A youth who regularly is shown good will, honor, and friendship knows what the joy of living means. It is quite the contrary where a child is brought up in a home where he is regularly made to feel unloved and inferior. This is by no means a rarity, especially in the case of children of cynical, mismatched couples. Such children later develop numerous compensatory traits to cover their feelings of inferiority and insufficiency. Feelings of inferiority are common in children who are habitually and publicly corrected and ridiculed. The child who gets no love, rarely has any to bestow on others when it grows up, and often shows hostile feelings toward those in the environment on the least provocation. We shall see how this is related to the psychosexual development later on.

So when we consider that society's greatest asset is its children, every effort should be made to prevent

faulty traits being developed in them, and in this way, lessen moral and social irregularities. Morbid fears should not be developed in children. They are usually due to faulty training on the part of the parents or other guardians of childhood.

There is a natural desire for freedom of action in the child. There may be antagonism between the wishes of the child (selfish) and the wishes of the parent (social). But in moulding the child never ruin its spontaneity or its independence. In order to understand the child's reactions we must understand his viewpoint—not such an easy matter for the average parent. This is why we insist that an adult interpretation must not be applied to a child's act. For they do not have the same significance. It is the forgetting of our own childhood ideas, which helps to raise a barrier between the child and the adult. Normal family life is stimulating and favors success in life, whereas selfish family love is oppressive and destructive and leads to failure. Where love is in the home, merely to forbid is enough to correct. Positive suggestions should always be given. Negative suggestions are often bad; and merely to prohibit, without substitution of something worthwhile, is not helpful to the child. Two things to keep in mind are that self-control is the basis of all training; and as in teaching knowledge, so with moral principles, practice and habit formation are most valuable. Another fact to remember is that a child may be ashamed before adults, and not before children in regard to the same incident. It is well known that an individual tends to repeat an act which gives pleasure. But if the act is tabooed it must be corrected. However, in correcting, do it objectively so that the child will think more of why he is being

corrected, rather than of who is correcting him. Absence of love favors a retarded mentality. Example and training always count for more than the spoken word. Some parents often talk too freely in front of children, not realizing that their powers of observation and understanding are sometimes keen.

Later on the school takes over part of the duties of the parent. Going to school for the first time is the biggest landmark in the child's history. The personality of the teacher plays a large part in the future development of the child. The school life divides the time formerly given entirely to play. One can tell in a very young child whether it is masochistically or sadistically inclined, by the games he prefers and his general manner of playing. Educators tell us that a child without imagination, which depends on memory and associations, is a sick or a defective child.

The child's first love objects are its parents and the members of its own family. This is so of the mother particularly, she being the one who gives it nourishment and tender care. Anyone who takes the attention of the mother away from the child is disliked. But the parents must not allow this interest to develop into a complete fixation on them, *i.e.* to become a permanent emotional attachment, which prevents the child's interest being attached to someone outside the family. Nor later, about the period of puberty, must anything be done to allow a fixation at any other stage short of normal object love. All psychiatrists agree that the most important lesson in child psychology is so to train the child, that at the end of adolescence it will be able to emancipate itself emotionally from the family, thus eventually to be free for normal heterosexual

interests. Conditioned associations in early life will influence one's sex attitude in later life. One's conscious phantasies are often only contributory. We always find that complete family fixation ultimately spells social failure. The family emotional hold on the individual is what counts.

REPRESSIONS

Repressions are necessary in training and education in order to make the child a socialized being. They are employed especially during the latent period. Up to the fourth year such inhibitory trends as shame, modesty, and sympathy are not yet developed. They appear at the beginning of the latent period, after the fourth year, as the result of education. They are reinforced during the rest of the latent period, *i.e.* up to puberty and, of course, thereafter. In adulthood modesty is a characteristic which has been firmly fixed in our own civilization by centuries of education and training. There are some to whom modesty is only an affectation. Repressions should be employed, gradually, during the first twelve years, for you cannot refine instinctive reactions overnight, so to speak. Do not repress the child beyond his strength, and do not cause him to be habitually ashamed of himself. Undue severity and reproaches on the part of the parent favor estrangement in the child. Morbid repression will interfere with the development of the child's ego-ideal, for in adulthood such individuals will further unduly repress their own emotions, thinking that this gives them an appearance of greater refinement. Many character traits in the adult are the results of compensations away from the sex impulse. But

convention sometimes favors over-reactions, which cause abnormalities in sex attitudes. It is axiomatic that in every neurosis another member of the family is bound up in the conflict, acting as a repressing influence. One must avoid the extremes of too much coddling, or too complete domination, if he will develop independence and efficiency in the child.

The sex instinct must be properly controlled and directed, or it may lead to conflict, unhappiness, and neurosis. In every neurosis there is a fear or dread of a loss of personal or social security. The neurosis is the compromise in the conflict. The neurosis wastes energy and limits one's social outlets. Ideals must be intelligently directed. But this does not mean that the parent must try to bring up a sexless child. The neurosis results from the interplay of the instinctive life, the ego and the ego-ideal. The whole problem is a difficult one to manage. As Jones says, there seems to be an incompatibility between the demands of civilization, and the possibility of a full development of sexual capacity. For we find the greatest resistances in regard to the expression of sex trends. Even some repressed people who decide that sex life is normal, still affectively feel otherwise. This is because of their early training and associations, when sex was vigorously tabooed.

INHIBITIONS

Normally social feelings regulate the instinctive life. The adult's character is in part the result of repressions acting on the various components of the sex instinct. Such repressions cause compensatory refinements of conduct. Certain tendencies are repressed, and others are encouraged. What we should

strive for is the refinement of sex, and not its destruction or displacement. We want the child to reach adulthood, healthy in body and mind. An individual who can remain sexually potent only at the expense of his social or ethical esteem is in danger of developing a neurosis. In a contrary direction social strength is increased when it is re-enforced by a gratified refined sex instinct. Depending on how it is managed the sex instinct may be the most constructive or the most destructive force of the personality. Many an individual over-compensates, and invests himself with virtues, which he lacks in real life.

Due to his more numerous personal and social inhibitions, the psychosexual life of the child of cultured parents is much more complex than that of the child of the proletariat.

Inhibitions in regard to expressions of sex impulse are re-enforced by modesty, also by loathing or shame, and moral and aesthetic ideas inculcated in training. But if shame and disgust are morbidly developed, in later adolescence they will inhibit the normal sex impulse, and there will be no desire. Further if egoistic cravings almost succeed in breaking through the inhibitions, anxiety may result. And if the sex instinct is held in contempt, one can hardly expect normal psychosexual development. Then there results not a sublimation of the sex impulse, but its annihilation or displacement, which may cause later in life, self-pity, morbid anxiety, feelings of guilt, hysteria, vegetative tensions, etc. Some people who suffer from an excess of neurotic inhibitions indulge in excessive dancing, walking, etc., as substitutive forms of gratification. This

form of displacement we commonly see in cases of conflict.

Where instinctive cravings are strong, inhibitions must be stronger to control them. And where repressions are overstrong, they may eventually paralyze the instinctive trends. One's cravings have to be adjusted to one's requirements. Ungratified and unsublimated cravings may cause discontent. Where unethetical cravings are strong and inhibitions are weak, trouble is apt to ensue, if help is not given. Instinctive cravings differ vastly in all individuals. A healthy refinement against direct expression of sex helps to build the child's character. But if this is not intelligently done, then we see numerous overcompensations against sex tendencies. Family fixations and excessive repressions and inhibitions keep some people from developing normally. In fact relatively few people have a perfect love life, because of the numerous inhibitions and ensuing maladjustments, the result of early faulty training. If the child is improperly guided, one cannot expect the period of adolescence to be free from difficulties. Adolescence, the growing-up period, is the period between about 14 to 22 years.

CHAPTER III

SEX INSTINCT. INSTINCT AND IMPULSE. AIM OF THE
SEX INSTINCT. SEX IMPULSE IN WOMEN.

BISEXUALITY. ORIGIN OF THE SEX
IMPULSE

The chief goal of living is to carry on the principles of self-preservation and race-preservation. The latter is more altruistic, for to live for self alone is egoistic. Race-preservation, of course, depends on the sex instinct. Sex life means one's whole love life, mental and physical, and its ethical relationships. In the expression of this instinct there is a pleasure motive. But desire only for the latter with a wish to evade the responsibilities that go with its expression, shows a lack of normal personality development, for life is not for pleasure only; duty and self-sacrifice are necessary for healthy people. Culture demands that we learn to control our instincts, and not to allow them to control us. Where a conflict arises regarding the expression of the sex instinct, emotional disturbance nearly always results.

INSTINCT

Instincts are the mainsprings of action. They are phylogenetic (racial) modes of response, unlike habits which are acquired during the life of the individual. Habits are tendencies learned by repetition. One's instinctive desires are revealed in one's phantasies. Instinct is defined as a complex form

of invariable behavior; as an inborn tendency. Philosophers hold that the instinct of animals is like the intelligence of man, but that it is inferior and more limited. An instinct is a propensity prior to experience and independent of instruction; it is that which incites man to actions essential to his existence.

Bleuler says that instinct is the capacity to act so that certain aims will be fulfilled without becoming known, or without being considered; and without the necessity of any training, acquisition, or practice. Hartman says that instinct is purposive conduct, without consciousness of the instinct. Stekel says that a better definition is that instinct is the experience of the unconscious, and he says that the "unconscious also represents experiences of past ages".

IMPULSE

An impulse is a transient mental motive tending to induce action; any impelling force. Its two characteristics are its strong tendency to initiate action, and its lack of deliberation. Moore says that impulse is more than reflex, and is one element in the instinctive complex. Impulse is the consciousness of a tendency to action, to make use of one of our abilities.

AIM OF THE SEX IMPULSE

As Ivan Bloch said hunger and love rule the world. The great constant, affective trends of the personality are the sexual and the social. There being no colloquial term for sex hunger or craving, the word libido is used. Libido means vital energy, or the

energy of the reproductive instinct. A regression of the libido is common at the menopause, when normal sex life is usually lessened. Individuals at this period often become irritable, tyrannical, ill-tempered, and hateful. All affective cravings are forms of hunger and long for satisfaction, as Cannon has shown. There must be harmony between desire and the means of gratification. Sex cravings may come from the foreconscious or from the unconscious, but inhibitions come from the conscious life. Dissatisfaction and discontent indicate an unsatisfied want.

The ultimate normal sexual aim is to produce fully developed heterosexual men and women, having a strong interest one for the other, who will in marriage create a new being. So coitus is the normal aim. Abraham has said that if the individual has a fully developed psychosexual make-up, he will develop genital normality. He said that the sexual instinct is complete when it enters into the service of procreation. Thus we see that the pregenital stages in the child's development precede the normal sex expression of the adult. Some never reach the normal heterosexual goal, but are fixed in their interests at an earlier stage of development. Some reach it, but later slip back to an earlier stage. Complete sexual maturity includes the overcoming of the earlier attitude toward narcissism, and the control over the ambivalency of opposed co-existent feelings of love and hate toward the love object. To reach this normal goal the supreme necessity is genuine love in childhood. Most authorities agree that the majority of men and women copulate imperfectly. This is in part due to the primordial sex conflict which has always existed between man and woman throughout history.

The sex impulse which tends toward physical contact, does not include the nutritional or self-preservative impulse. The sex impulse is stronger than the nutritional impulse. In normal individuals authorities agree that the race-preservative instinct is stronger than the instinct of self-preservation. Any ethical individual will willingly sacrifice himself for his young, his group, or his country. In fact, in order that the race shall not perish, the sex instinct must be the strongest that we possess. The ancients tended to emphasize the impulse itself; we emphasize the love object and the ethical significance of sex. A cultured girl, for example, should only marry a man who besides a physical interest in her, should have a healthy realization and appreciation of the emotional side of sex, *i.e.*, he should have a normal heterosexual development.

SEX IMPULSE IN WOMAN

In great part a woman's career depends on her sex life. She has other forms of energy besides the sexual, but none so badly understood and misdirected. And as Stekel says, the sex life of man, too, is most important. He claims that impotent men are impotent in other affairs of life as well. In showing that marriage favors longevity in men, he states there is no recorded case of a bachelor living to over 100 years; that all authentic cases recorded are in married men. The sex impulse in women is more passive, more complex, harder to arouse; later it gets stronger and is more diffuse. In them desire is more periodical. So in women the sex impulse shows greater variations in its manifestations; often desire for affection is great, but for

physical gratification slight. In many women the two normal components of sex (tenderness and sensuality) do not fuse, but remain distinct. A period of abstinence may alter this attitude. Menstruation usually increases the strength of the impulse. And though there is an increase of the impulse at puberty, repressions are particularly increased in the case of the average girl about this time. Habitually disparaging men to a growing girl is a bad thing to do, if you wish her to develop normally. There are some women who are not conscious of any sexual needs until about the age of thirty years, unless the impulse has been definitely aroused.

We commonly find among young women marked irritability of the genital organs, without their having any consciousness of sex desire, which has been repressed. In them socialized cravings outweigh the egoistic ones. This is not so commonly noted in the boy. Where the repressions keep up through maturity, and outlets in other ways are not found, personality disorders may result. In the case of neurotics, activities derived from the sex impulse are manifested as symptoms, this being a negative way of expressing their tendencies. However the average neurotic individual objects to having a sex origin ascribed as the basis of his complaints. He will admit other determinants of his symptoms, but not any from his sex impulse.

In some women the erotic element becomes intellectualized. Women have a greater command over their sex impulse than men have. There are some healthy women however who are over-developed sexually.

A relative frigidity in women is quite common. A frequent cause is a fixation of psychosexual develop-

ment at a lower level than the normal heterosexual level, *e.g.*, in narcissism. Such women often over-value their other attractions. Forepleasure prepares for the end-pleasure—coitus. There should not be an undue lingering at the earlier stage. Where a woman unduly prolongs the forepleasure, this indicates a fixation of the libidinal aim on infantile objects. Also unconscious libidinal counter-impulses, infantile in nature, prevent normal sex reactions.

For normality in sex means gratification in both partners. Of course even very frigid women have a sex impulse, even if it is negatively or abnormally expressed. After all frigidity is always relative, there practically never being complete anaesthesia sexualis. Many frigid women are only playing the rôle of the unconquered one. A woman may have positive feelings for one quality in a man, and negative ones for another quality in the same man. This interferes with a harmonious adjustment in her sex life, the positive or negative factor outweighing at different times. Where a neurosis develops, it is futile to treat the woman for a pelvic condition, for the trouble lies not in the sex organs themselves, but in the maladjusted activities of her sex instinct.

BISEXUALITY

Unless you realize the factor of bisexuality you will not understand the later sex manifestations of some men and women. Biologically the genital organs are at first indifferent. Only later do they become differentiated into male and female (genitals and glands). Bousfield in stating that all individuals are bisexual, says that this shows itself psycho-

logically, especially at the time of puberty, before the normal heterosexual aim is fully realized. Civilized man is usually not willing to acknowledge his bisexual inheritance. Kempf writes that all men and women are bisexual in their autonomic constitution, and in their organic and functional attributes, and in their affective cravings. But he says that training and education with their conditioned associations are more important than any organic basis, as determining whether aggressive or submissive traits will predominate. The anatomical bisexuality shows not only before birth, but after, *e.g.*, the male has rudimentary breasts and nipples, and the female a clitoris and labia majora, etc. There may be a psychic hermaphroditism without any anatomical one being particularly noted. The homosexual component may be expressed in the form of friendship, sociability, etc. So at this time one phase of bisexuality is active, and the other becomes recessive. Psychiatrists often see patients who from dissatisfaction, disgust, etc., regress or return from a heterosexual to the lower homosexual level, especially in those whose heterosexual development had been weak.

ORIGIN OF THE SEX IMPULSE

There is much that we have to learn yet from the physiologists regarding the gonads, thyroid, pituitary, and other glands, and also regarding the vegetative nervous influence on the whole sex life. But of course, physicochemical processes will not explain all the phenomena, particularly those generated at the psychic level. For instance psychic impotence cannot be explained by a physical or chemical

materialism alone. All we can say is that we do not know how much secretions, hormones, chemical changes in the blood, or the autonomic nervous system play in the sex impulse.

Certain it is that the explanation is not so simple as Ivan Bloch's, made some years ago, that the sex impulse is produced by the sum of the stimuli from the internal and external generative organs and the endocrine glands at the time of puberty. It is evident that this statement was made previous to the recent studies in psychosexual development. Other zones besides the genitals have erotic influence. That the gonads in themselves do not account for the whole impulse, is shown by the fact that it persists after their removal in adulthood. Nor is it accepted to-day that tension in the seminal vesicles originates the impulse. In fact in studying the impulse itself, we must study it apart from its object, as it may arise when stimuli from the latter are not present. And in the infant the impulse is objectless. But the impulse is more apt to manifest itself in a condition of well-being, than when one is suffering from hunger, fear, or fatigue. The psychic element is most important.

And though we do not know the complete origin of the sex impulse, we do know some of the factors which influence it. Its strength is increased by the psychic factors, or by stimulation of erogenous zones; especially in the presence of good physical health, which includes the integrity in the functioning of the endocrines and the autonomic nervous system. Erogenous zones play a great part in the normal sex impulse. The quality of the stimulus may be more important than the region selected. Of course at puberty, all erogenous zones normally be-

come subordinated to the primacy of the genital zone. It is only where the primacy of the genital zone is established that the contrasts masculine and feminine come into play. The sex impulse is made up of many partial trends or impulses—sight, smell, hearing, touch, etc. The sex impulse manifests itself generally throughout the body, but the genital manifestations should show supremacy in this respect. The fact that the sex impulse is composed of numerous components is shown in the psychoses where it may be separated into its various components.

The psychic is the most frequent source for vasodilatation in erection. Other vegetative signs accompany ejaculation, as mydriasis, hyperidrosis, and palpitation. Pollutions are chiefly of psychic origin and result from repressed wishes of a culturally forbidden nature. Impotence is usually of psychogenic origin. Normal sex potency means the ability to produce not only physical but also affective gratification. Complete potency in coitus is only possible when all of the partial or accessory libido trends are fused on a real constructive love object, as Ferenczi has shown.

Normally the libido of the partial sex trends (exhibitionism, sadism, curiosity, etc.) are refined into social forms of activity (stage, competition, study, etc.). If a partial trend continues unaltered into adulthood, this may cause a perversion or a neurosis. The neurosis with its emotional and association disturbances is due to the conflict and not to the sex factor per se. Individuals manage these trends of the various sex components in different ways, as by repression, with or without adequate sublimation; or by expressing them; or by displacing them.

CHAPTER IV

PSYCHOSEXUAL DEVELOPMENT.

AUTOEROTIC, NARCISSISTIC, HOMOSEXUAL, AND HETEROSEXUAL STAGES

The sex impulse differs in strength in different individuals. In some it is weak and demands little expression. In others it may be strong and yet not be directly expressed because of ethical reasons. It may be overwhelming at puberty. In young children it is undifferentiated. It differs entirely from that in adults in affects, aims, and expressions. The child knows nothing of sex in the adult sense. Because all of us have an amnesia for the period of infancy, many have regarded this period as unimportant not only for sex, but for character development. We can study these problems easily in our own children. The sex instinct is lessened by hard work, long study, depression, etc. Various trends may be shown—sadistic, masochistic, exhibitionistic, etc. Cruelty is common in many childish characters, sympathy being a later development. I know few psychiatrists will agree with Moll's statement that psychic sex characteristics are inborn. Heredity is a poor explanation to give as a sole basis for character traits. In fact most traits are modifiable; whereas they would hardly be so if their only root was heredity.

As Abraham says when psychosexual development is complete, there is a transformation in regard to

the sex aim (oral, anal, genital), and in regard to the sex object (autoeroticism, narcissism, partial object love, and full object love). In the normal person we see a healthy combination of trends from all the instinctive sources. Normal stages of development ascend from autoeroticism, with no object, through narcissism, with self as the object; to object love,—first directed to those in the family, then to one of the same sex, and then to one of the opposite sex.

Most human beings are influenced by their first sex impressions. If eccentric, these interfere with their normal development later.

Before studying the stages of psychosexual development normal in the child, I might say that certain individuals, *e.g.* childish types, those fixed in narcissism, psychopaths, unloved children, epileptics, etc., rarely develop a normal psychosexual life.

Up to this century only the physical, and not the psychic side of sex was given any real consideration. It was the analytic school which gave impetus to this study. And in many other ways, the psychological side of normal functions has been studied. For example take Rank's study showing the child's first experience with fear, during the trauma of birth. Before birth of course, the child leads a vegetative existence, all energy being under endocrine and autonomic control. Every physician, parent, and teacher should have some idea of the significance of psychosexual development for the child, and its relation to the character traits of the adult.

The following points regarding child psychology should be kept in mind. The parents' role in training the child must be altruistic, *i.e.* to bring up the child for its own welfare, and not merely for the

gratification of the parents' wishes. The child carries not only its own, but its racial history. The child has to learn that power is not obtained by selfish ends only; also that selfish pleasure is not to be compared in value to altruistic pleasure. In the development of character the adult has to give some consideration to the child's viewpoint. A fine rapport between parent and child eventually develops in the latter a healthy independence. One's character is nothing but a condensation of one's history from birth, with prenatal influences added. Next to the manner in which control of the instinctive functions is exercised, the play features of the child's life are significant for its character development. The phantasies and vague imaginations of the child have greater influence on character, than a few childish expressions of sex. The child must learn early in life to separate mentally the excretory and the sex functions of the body, and so avoid developing morbid ideas of disgust. It takes time for the child to approach the adult mental level; and to substitute reality for its phantasy way of obtaining gratification.

We may divide psychosexual development into four stages: the autoerotic stage, from the first to the fifth year; the narcissistic stage, from the sixth to the twelfth year; the homosexual stage, from the twelfth to the sixteenth (or eighteenth) year. The ages given are arbitrary, and vary somewhat with the individual. The latest stage, the heterosexual, is the stage of full normal psychosexual development, coming on after the sixteenth or eighteenth year. Not everyone goes through all of these stages; some may be fixed at one of the earlier stages of development.

AUTOEROTIC STAGE

During this period which includes the first five years of life, the child's love is objectless, at least until he approaches the next (narcissistic) stage, when he is his own love object. In early infancy the zones for nutrition and excretion are the first servitors of the child's intelligence, as Forsyth says. In this way he gains not only physical but emotional experiences. And these sensory areas have the exclusive interest of the infant. By having all his wants supplied he enjoys vegetative calm. He is satisfied, and so is relaxed, and sleeps. When not satisfied, he is tense, restless, and remains awake. At this period in his life, he for once can feel omnipotent. During this stage the child regards that which pleases him as good, and that which displeases him as bad. Now the child exhibits an open interest in his own body and its functions, and expresses his autoeroticism in primitive ways. He is interested in nakedness, urination, etc. The child regularly associates the buttocks and the genitals. Everyone who has ever watched young children knows this.

So the child's own activities during this early period are sufficient for his own gratifications. The child obtains pleasure in more ways than the adult, and he is much less differentiated in the means of accomplishing his purpose. We will remember that an individual later tends to repeat infantile situations of gratification. Where this period, normal at this age, is prolonged into adulthood, it may show itself in a disguised way, as by a morbid interest in food, clothes, or in maintaining certain forms of chronic invalidism for the care and attention this gains. As Richmond showed, masturbation may also

be carried over from this period. As is well known, masturbation is the chief sex manifestation of the youth. Parents often overlook or deny this fact.

NARCISSISTIC STAGE

This is the stage of self-love, and is normal to the ages, six to twelve years. True, the root of all love is self-love. But as one gets older real love has more of an altruistic than an egoistic aim. An undeveloped individual is often dominated by his egoism and narcissism. Narcissism means to be absorbed in self-love, and having no other real love object. Suggestibility, vanity, exhibitionism, and a great desire for praise are normal for childish intelligence. But if these are continued into adulthood, especially if in excess, they show an abnormal psychosexual development. Narcissism may exhibit itself by self-admiration, vanity, and egoism. The style in which girls dress today, favors their narcissism. Good breeding demands that coquetry and adornment, or the lack of it, be kept within certain well-defined limits. A young girl may give too much study to herself and her dress, and later in life over-compensate against this, by exhibiting a morbid dislike of all forms of nakedness, bodily functions, etc. If self-interest were allowed to become fixed, it would prevent further normal psychosexual development. One entirely lost in self-love can make no real sacrifices, and shows no real love for another person.

It is during what we call the latent period, from the 5th or 6th year to puberty, that the child is continuously taught social standards; and it is also taught to give up many of its selfish and forbidden reactions, particularly those regarding its instinctive

forces. If the culture of the family life is bad, there may be no latent period, in which case autoerotic habits are kept up throughout this period. The sex impulse keeps on developing at this time. But the question of sex does not become so engrossing until puberty. The impulse may then become strong, but the enormous social, ethical, and moral repressions, varying in intensity in each family, hold it in check; or sublimate the energy into numerous other acceptable interests (work, play, games, etc.). Towards puberty the sexual object (autoerotic, homosexual, or heterosexual) tends to become differentiated. And it is during this latent period that the child develops, in greater or less degree, the reaction of shame towards things sexual, and of disgust toward things excretory. Some tendencies regarding the sex and excretory functions may persist in a disguised form, and may only be expressed symbolically. It is at puberty that previous repressions may fail to inhibit the sex impulse, and a certain amount of masturbation is almost the rule, at least with boys.

The child must come to learn that self is never perfect. Out of its love of self we must build up an ego-ideal; the influence of the parents, teachers and companions determines the make-up of the individual's ego-ideal.

Phantasies regarding the primary and secondary sex characteristics influence character development. To some young girls the breasts constitute the chief difference between the sexes; and they tend to make themselves attractive here. Some boys think that girl's genitals are undeveloped, but that possibly time may make them grow. Part of the boy's unconscious pride is based on this feeling of being superior in this regard. And some girls may feel envious and

resentful over their phantasies of having been deprived of something. The practical advantage of keeping these things in mind is to know that such phantasies may help to lay a basis for inferiority and castration complexes, and also frigidity in later life. Abraham said that the narcissism of some adult patients allows them to love their object completely, except for the genitals. This psychic rejection of the genital zone in both the individual and the object may cause impotence in man and frigidity in the woman.

There are some neurotic individuals who limit their love to their narcissism, and their family attachments. Many of them remain childlike, and are continually feeling unappreciated.

HOMOSEXUAL STAGE

The homosexual stage is normally in evidence during early adolescence, *i.e.* from the 12th to the 16th (even 18th) year. It is during the normal homosexual stage where we see the foundation laid for deep friendships for those of the same sex. In adulthood the criterion as to whether friendship or love exists between two members of the same sex depends on the reactions. A desire for contact, or the presence of any physical sexual reaction takes the relationship out of the friendship class. Among young people homosexuality may be only an attitude of mind; or it may exist with or without physical acts. The danger of such an attitude is in the possibility that it may persist, fixing the love interest at the homosexual level, and so prevent development to the next, the normal heterosexual stage. In the early stages among young people some form of mild

sex experiences takes place more often than is supposed. It is in just these cases where confidence between mother and child is needed. Yet how few parents pay much attention to this subject. They either do not suspect it or they prefer to ignore it. And yet it is at this age that the child is greatly devoted to a sympathetic mother. We must say that there are too many people fixed at this homosexual level, many more than the public suspects. Many of them even drift into marriage. For such as they, this requires constant adjustment; and the marriage is usually marked throughout by disharmony. This type of women, who have been minutely described by Ferenczi, are always frigid wives, and often drive their husbands to mediocrity or to drink. Men of this type suffer from impotence or ejaculatio praecox, and drive their wives to interests outside of the home; or to neuroses if they remain at home.

A homosexual attitude is not normal even in early adolescence, if it compels an exclusive interest in those of one's own sex. Even if one's deepest interests in these few years must be in those of one's own sex, a certain amount of libido must normally be directed toward those of the opposite sex, if one would be normal. Youth must come to recognize the homosexual problem, and come to see that it constitutes a normal phase of development, only when it does not prevent advancement to the next and last stage of psychosexual development. For homosexuality is only normal when the individual passes through it, and is not fixed at that level. The adult individual fixed in homosexuality is one whose love life is childish and immature. The consequence is that he or she does not develop a normal personality. Women fixed at this stage often regard men as coarse and

low, and sex as something vulgar. Many masculine-type girls and effeminate-type men never reach normal psychosexual development. All authorities agree today that most adults fixed in homosexuality are so chiefly because of training and not because of birth. In some instances an adult girl or man with weak heterosexual inclinations, may remain fixed at the homosexual level because they never knew any but mediocre individuals of the opposite sex, and these of course failed to interest or stimulate them. Sex is a large factor in adolescence, which is the great emotional time for youth; and a period when emotional stability is not yet secure. At the time of puberty grandiose and erotic ideas are common, as is neurotic day-dreaming.

Homosexuality in the adult, unlike homosexuality in early adolescence is abnormal. It is in part due to parental faulty management of youth, and also to our hitherto hypocritical failure to appreciate the significance of the various stages of psychosexual development. This failure to appreciate the facts left us all in a condition of inertia (or worse still of hostility), and so youth was allowed to find the best level it could unassisted. Besides the psychological causes other factors may favor a fixed homosexual interest, as disappointment in love, long delayed time for marriage, the economic freedom and ease for single women nowadays, etc. Adults fixed in homosexuality usually take a cynical attitude toward heterosexual love. Many of them have little interest in children.

HETEROSEXUAL STAGE

This is the final and normal stage in psychosexual development, in the search for a partner of the oppo-

site sex. It is reached about the 16th to 18th year. Interest in the opposite sex is normally increased as adolescence progresses. The attainment of satisfactory full object love favors mental health. So society should favor heterosexual development and thus avoid abnormalities at lower levels of development. Normal sex reactions take place almost reflexly; they may be accelerated or hindered by intellectual processes. As the individual progresses, childish attitudes become subordinated to adult attitudes of sex attraction.

If all partial trends and pleasures are not by this time subordinated to the genital stage, conflicts may arise and cause neurotic manifestations later on. This may be because other trends are dominating the personality. And again fixation at an earlier stage of development leaves a poor capacity for normal sex adaptation. It is well known that where genital sexuality is limited, the importance of other erogenous zones is emphasized. For normal heterosexuality always signifies supremacy of the genitals over the other erogenous zones. Abraham refers to two phases of the genital stage, the phallic and the later phase of object love.

Individuals vary in their desires and needs and in their ideals, as to the meaning of life and sex. Social and sex adaptations depend in great part on one's disposition, temperament, and emotional status. A sexually precocious youth needs greater attention and care, whereas a normally developed personality will see the uselessness of wasting his energy for mere selfish pleasure. Some people show inadequate reactions to adult requirements. But because of our secrecy and prudishness most girls, even as late as the end of adolescence, have only vague superstitious

tions, instead of any real knowledge, regarding such subjects as marriage and maternity.

Evidences of sexual excitation in young children may be sudden blinking and blushing, stuttering, irritability, restlessness, sleeplessness, night terrors, enuresis, diarrhea, sucking the fingers, mild choreiform movements, and bashfulness, apprehension, brooding, and questioning. Older children at puberty may become strikingly confused, show poor school work suddenly, inattention, inability to concentrate, and sheepishness; they may become evasive, timid, and shun society. Needless to say none of these factors alone, or without other corroborative evidence, warrants the assumption of sex excitement in the youth.

Where the sex impulse becomes so strong as to be almost over-powering, and there is no possibility of ethical relief, and no outlets to absorb the energy, an individual may react by becoming lazy, apathetic, or stupid. But if the wise mother, with her great emotional hold on the youth, will take the trouble to understand the situation, she may be able to divert the interests in sex to other estimable paths, and thus drain off the pent-up energy. His return to mental health in part depends on his capacity to realize the situation.

Most of our present concepts regarding the psychosexual life are due to the studies of the psychoanalytic school. Much unjust criticism has been directed against this school, and often by those who know nothing of its methods or its literature. Psychiatry owes much to the workers in this field, especially in reference to the aid given in interpreting psychic symbolizations. I would like to call attention here to one criticism of the analytic view-

point by one of its own foremost members, Otto Rank of Paris.

Rank¹ says that we cannot explain everything from the materialistic point of view, *e.g.* take anxiety, or even love; though it has been attempted to trace the latter back to the sex impulse. He says that sexuality is a biological ego-expansion, and love is an emotional or psychical ego-expansion. Character is an ethical concept. The neurosis, Rank says, is more a social than a medical problem. Ethics determine the proper relationship of the ego to others. And so we can understand why it is that in our love life, the ethical is of importance equal to the biological. Thus we see the two opposed viewpoints, the materialistic biological, and the philosophic ethical. He says that it is not always the biological impulse which gives the driving force, but rather it may be the inhibitions, anxiety, and guilt. He thought analysis was somewhat one-sided in studying the biological (sex) problems, and giving slight consideration to the ethical problems. He said Freud's error was in reducing everything emotional to the biological (sex), as in earlier times physicians had attempted to blame everything on the nerves, which were really only the instruments of the emotions. Freud's psychology is biologically based; Jung's is ethically based. Freud admitted the ethical, by postulating the super-ego and the consciousness of guilt. Rank said we cannot emphasize only the past, and neglect the present and the future. And reducing phenomena to the biological, no more explains a situation than it does to reduce them to an hereditary origin. So besides the biological principle

¹ Rank; *Beyond Psychoanalysis*; *Psychoanalytic Review*, Jan. 1929.

operating in man, there is an equally strong ethical principle.

The guilt problem can only be comprehended from the ethical side; and the love life goes beyond the sex impulse in the ego. In some individuals, inhibitions, manifesting themselves as the two basic concepts of anxiety and guilt, are stronger than the sex impulse; and conflicts result because of this fact. Anxiety is first related to an external object or situation, guilt to a fear of self. Thus we see that anxiety is biological, whereas guilt is an ethical concept. Rank's plea to pay more attention to the ethical factors in these problems deserves weighty consideration. So in a cultured individual physical and affective gratification of his instinctive cravings are necessary. This takes place within comparatively narrow limits, depending on his super-ego. In one with a poor ethical sense, few ideals, and little appreciation of what virility, goodness, and the beautiful mean, the situation is different. Such a one rarely has conflicts; he suffers less; and likewise sees less of the aesthetic aspect of life.

CHAPTER V

MASTURBATION. SOME PSYCHOLOGICAL CONSIDERATIONS. EFFECT OF PUBERTY. THE MECHANISM INVOLVED. THE EQUIVALENTS OF MASTURBATION

Masturbation includes all methods of causing pleasurable sex sensations by an individual's own efforts. Those regions, especially muco-cutaneous, which when stimulated cause physical and mental sex reactions, are called erogenous zones. All masturbation is not genital, though when the term is unqualified, this is what is assumed. Nor is the occurrence of masturbation limited by the production of an orgasm, else one could not refer to masturbation in the child, nor in many women, more especially single ones, who are addicted to the habit. The reason for this I will discuss later.

As ordinarily practiced, masturbation is an act to produce a pure form of sensory pleasure bought at the expense of high moral tone. For when habitual, it interferes with altruistic aims. It is an infantile way of seeking sex gratification.

As Eulenburg and others have pointed out, the physical act is not the most important element, but rather the inseparable psychic reactions with their influence on the emotions and character. Though the physician primarily looks at this subject as a psychological and physiological problem, he cannot ignore the moral phase, which is an integral part of the whole question.

One must distinguish between occasional and excessive masturbation, as they present entirely different problems. Of course, the term "excessive," as applied here, is a relative one. For the habit can only be estimated in its effects, by studying in conjunction with it the constitutional make-up, and the mental and moral tone of the individual under observation. Moll says that there is nothing to prove that those who claim that they have never masturbated are any healthier than those who have practiced the habit moderately in youth.

It is well to emphasize here that infantile masturbation, by which we mean most of the autoerotic acts practiced before the age of puberty, presents an entirely different proposition from the adult type of masturbation. The act is chiefly to be regarded with concern, when it has become habitual.

This subject is too large to exhaust in a single thesis. My object here will be to bring out the important facts. Formerly, the subject received scant attention in our medical schools, and many of the students gave it no further study, subsequent to graduation. It is for this reason that many physicians show a lack of interest in this phase of human conduct.

It is essential that the physician approach the problem in a purely objective way. Injecting one's personal feelings into the study is, to say the least, unscientific, and such an attitude would prevent a proper understanding of the points involved. It is of vital importance to note carefully the patient's attitude toward his habit.

Much of the present misinformation on masturbation, held by the public, and still expressed in a few medical books, can be traced to the pessimistic literature written from 1760 to 1890, more particularly to Tissot's "De l'Onanisme," published in St. Peters-

burg in the last quarter of the Eighteenth century. Lallemand, Simon, and Voltaire, and Leitner even as late as 1844 wrote in a most exaggerated way of the various "diseases" resulting from the habit. Hippocrates, writing as long ago as 380 B. C., wrote in a similar vein. It was not till the last quarter of the Nineteenth century that the subject began to be studied in a scientific way, and the real facts concerning the habit carefully investigated. It is to men like Erb, Fürbringer, Jones, Stanley Hall, Healy, and many others after them, that we are indebted for separating facts and fancies in regard to the habit and its effects.

SOME PSYCHOLOGICAL CONSIDERATIONS

In order to understand the habit as practiced in the adolescent and adult, it is necessary to know something of the sex impulse, and the genesis of its expression in the child. It goes without saying that adult sexuality is an unknown equation to the young child. As Moll, Jung, and others say, the young child masturbates without employing erotic fancies. In fact, some women do likewise, not realizing the sexual nature of the act. Still this is none the less masturbation, as the aim is autoerotic pleasure. Also some women whose repressions against the conscious performance of the act are strong, have been known to masturbate during sleep.

The young child indulges in the habit with little or no thought as to its being right or wrong. As von Hug Helmuth says, the infant directs its feelings and reactions toward those realms which give him his most pleasurable excitement. Many parents overlook infantile masturbation. But as White, Kempf, and others say, some experimental masturbation is almost universal between the ages of two and

six years. It is to be remembered that before the age of six years all the erogenous zones have the same value as sources of pleasure to the child. But later masturbation tends to emphasize the primacy of the genital zone.

In infancy, the pleasurable sensation depends more on the quality of the stimulus than on the region stimulated. So that the young child selects the most convenient zone, and in this way comes to learn about himself.

Anyone who has carefully observed children will agree with Stanley Hall that the infant's curiosity leads him to have a great interest in the sexual (*i. e.* to him, the excretory) organs and their functions. It is strange that parents do not recognize the great importance that the organs of sex play in the phantasies of children, even though the parents usually suppress all attempts of the children to discuss their ideas. Parents should give more intelligent consideration to the psycho-sexual elements in their children's lives, and not think solely of the physical acts.

PUBERTY

As Healy says, it is at puberty that the instinctive trends give most trouble, especially in neurotic individuals. And this is what we would expect. For at this time there is not only an excess of energy, but there coexists a poor inhibitory control. All investigators have noted that boys are more active sexually than girls at this period. And at this time boys are more apt to masturbate spontaneously, whereas girls may not do this unless seduced to the habit, for their repressions against sex manifestations are stronger. The habit is more apt to be indulged in by both sexes, if there is an accumulation of sex energy, because of a lack of suitable social

contacts, acting as vicarious outlets, as games, all sorts of innocent play with good comrades, etc. For the energy must be neutralized (used up) in some way.

It is usually at the time of puberty that the child first becomes aware of the supremacy of the sex organs as sources of pleasure. He may first become aware of this through masturbation. It is for this reason that some writers refer to the act at this period as being physiological in purpose. As to whether masturbation in youth is normal or abnormal depends in part on whether the act expresses normal or abnormal wish constellations. And Kempf says it is abnormal at this period only if there is a narcissistic fixation,—a self-love which prevents the person from seeking to win the esteem of another personality. And the sexual aim becomes differentiated at this time. From now on the sex activities of the child, which have been infantile in their expressions, tend to become adult in character.

The sexual trends of the child are the result of inherited tendency and environmental moulding. According to Bousfield, these trends vary at different ages, as follows—

	AUTOEROTIC TRENDS	HOMO- SEXUAL TRENDS	HETERO- SEXUAL TRENDS
Infant	100%
At 12 years	40%	50%	10%
At puberty (15 yrs.)	20%	30%	50%

As to the source of the sex impulse, whether it be the endocrine glands, muscle spindles, etc., we will not dwell on here. But the suggestion that the creation of sexual desire is due to tension in the seminal vesicles is hardly satisfactory, as it would not ex-

plain desire in women, nor in boys before the age when they have the power to ejaculate.

MECHANISM

Not all masturbation is genital, though when the term is not otherwise qualified, this is what is meant. In the case of the adult, there are more erogenous zones in woman than in man. The mind when called into play may act as a strong stimulus to the peripheral sex apparatus. The indulgence in erotic reveries is common in adolescents, usually stimulating only to the point of turgescence, and not to the extent of causing an orgasm. This psychic auto-eroticism is bad, because it produces neither affective nor physical neutralization of the individual's feelings. It might be stated here that with the majority of women, even physical masturbation usually stops short of orgasm.

In the male youth, the mechanism of masturbation is usually a simple matter, being produced by stimulation of the glans penis. In this thesis we are not concerned with any perversions associated with this habit, though recognizing the frequency of breast, perineal, anal and rectal masturbation etc. The last phase of this subject, I considered in an article which I published in 1921 in the *New York Medical Journal*.

In the adolescent girl and in the woman, masturbation is a more complicated affair than in the male. In the female, the clitoris chiefly, and next the labia minora are used for purposes of masturbation. My experience corroborates the views of Bloch and Moll as against those of Jones and Freud as to the great frequency of nymphae masturbation. Bousfield also differs with the views of Jones that clitoris masturbation prevents the later adult transition of

the centre of gratification from the clitoris to the vagina (anaesthesia), and Bousfield says, again taking issue with Jones, that after marriage the clitoris normally remains the essential seat of gratification. In 150 apparently normal women, he found that

- 3 were completely anaesthetic,
- 14 had pleasure chiefly in the vagina,
- 133 had pleasure chiefly in the glans clitoridis, with diffuse vaginal, perineal and anal feelings also.

The use of foreign bodies in the vagina and urethra is much less common as a habitual method of masturbating than is ordinarily supposed. In fact, a large percentage of young girls do not know of the existence of the vagina. Manual masturbation is by far the most common. Many aesthetic women have a repugnance to touching the mucous membrane directly, and yet masturbate by means of thigh movements, or by rubbing the external genitals against various objects. It is not uncommon for parents to deny the existence of masturbation in their children because they do not use their hands. And while admitting the children practice autoeroticism by means of thigh movements, they try to minimize the importance of this performance. This is a distinction without a real difference.

The attempt to cure an adolescent of the habit of masturbation by illicit intercourse is always unavailing, to say nothing of the immorality of such a proposition. And further, coitus without affection is merely a form of masturbation.

Psychiatrists are aware that psychotic patients get satisfaction from their sex fancies and hallucinations. Their abnormal ideas and hallucinations relieve their sex cravings, usually in a veiled, symbolic way.

EQUIVALENTS OF MASTURBATION

Pleasure seeking equivalents for tabooed direct sex expressions are common in children and in neurotics. The equivalents depend on the association of tabooed with permissible modes of gaining pleasure. Jung, however, taking exception to the views of other writers, cautions that obtaining pleasure is not identical with sexuality, and the latter designation should not be all-inclusive.

Consider the act of thumb-sucking, which is rather a common way in which many young children derive pleasure. This act is frequently practiced as a substitute when the habit of masturbation has been forcibly prevented. Nail-biting is really a variant of thumb-sucking. Obtaining pleasure from his own body is all that both masturbation and thumb-sucking do for the child; and likewise both would certainly be regarded as eccentric ways of getting pleasure later in life. There are instances where the child goes from thumb-sucking to masturbation. As von Hug-Helmuth says, older children after sucking the thumb for a long time often show signs of sexual excitement, followed by an attitude of comfortable relaxation. It is only when followed by sexual excitement, that thumb-sucking is to be regarded as an equivalent for masturbation. Practically every investigator, except Moll, agrees as to the sensual nature of thumb-sucking. This fact is also substantiated by the reactions of psychotics who are given to this practice. It might be well to again emphasize that infantile sexuality has no sex object.

We have already referred to the great interest young children take in the excretory organs and their products. In this regard we need only refer to certain games of young boys. In weaning the child away from such interest, care must be exercised in

inculcating repressive measures. A basis may be laid for the assumption in adult life that all of sex is "unclean." From this there might follow abnormal ideas and behavior in regard to their adult sex-life.

Bed-wetting occurring in adolescence is not uncommon. Freud claims that where enuresis nocturna does not represent an epileptic attack, it corresponds to a sex pollution. This is almost incomprehensible to the normal adult who can no longer feel like the child, nor appreciate emotionally the care and attention bestowed on the child after such an occurrence. These phenomena and their associations must be studied from the child's and not from the adult's point of view.

Most of us will agree with Jones and others in their claim that the mucous membrane of the mouth, urethra and anus have erogenous potentiality, and so may be used for sexual excitement. Skin eroticism may be manifested in various ways. Rhythmical rocking movements (muscle eroticism) may replace the forbidden act. Other equivalents, in certain cases only, of course, are the habitual taking of enemas and vaginal douches (especially where self-prescribed), rectal massage etc. Some individuals give up masturbation, and substitute exhibitionism or some other abnormal trend or expression.

CHAPTER VI

CAUSES. PREVALENCE OF THE HABIT

CAUSES

I have already referred to some of the psychic causes of masturbation. Agreeing with most of the other investigators, I feel that the psychic factors are by far the most important. However, as Bloch says, in considering a condition which may have numerous etiological factors, it is hardly correct to speak of only one cause. We must not forget that some children have a multiplicity of bad habits, and not merely one. One must look for any physical condition, general or local, which might have some contributory value in keeping up the habit of masturbation. A careful study of the social setting of the patient is also essential. One reason why I regard the average local cause as only contributory, is because it is usually easily removed, whereas the habit itself takes some time to cure.

Oppenheim's hypothesis that heredity is an important etiological factor is probably true, though of course rather difficult to prove. It is unquestionably true that some people practice abstinence with less, and others with greater difficulty.

Authorities differ sometimes as to where a cause leaves off, and an effect begins. And so we see opposing views, not only in relation to this subject, but in regard to other questions. For example, Bloch says neurasthenia is the cause of masturbation, whereas Freud claims it occurs as the result of mas-

turbation. The latter view is the one held by nearly all modern investigators,—at least in respect to the actual neurosis, neurasthenia. Persistent, excessive masturbation is more often a symptom of a psychopathic state than the cause of it.

In as much as our knowledge of the endocrines is still rather chaotic, we will not discuss their influence on the sex impulse here. Without doubt they are important in determining the strength of the sex impulse, but here we are studying not the impulse itself, but rather one of the ways in which it is expressed.

Children are sometimes taught masturbation by companions, and also by perverse adults. But Dana is incorrect when he says that the habit is usually so learned; and he is also incorrect when he says that the act is usually done because of local irritation. For the mechanism of the habit is not so simple. What Healy says is true, however, that adolescent girls often learn of the habit from conversations with other girls. Many writers caution against even innocent, undue fondling of children, for while the motive is most laudable, the effect on some few children may not be good. Masturbation is more often spontaneously learned by boys than by girls. Moving picture shows, newspapers, books, etc., may be the source of erotic fancies. But Stanley Hall claims—and Brill says about the same—that the reading of a serious book on the subject of sex never causes the habit. If instances were given to contradict this view, the assertion is made by him that it is safe to assume that the intention was there first to indulge in the habit.

While the adult type of masturbation is most common during adolescence, it is not rare even as late as the menopause. Some patients, more particularly women, masturbate without employing any erotic

reveries. In fact, some of them do not recognize the sexual element in the act. The deed is done in many such cases because it acts as a sedative, and relieves insomnia and various nervous tensions; or because it acts as a temporary relief from various painful mental states, as anxiety, depression, or ennui. But the average patient of good moral tone is very apt to have these painful states accentuated as the result of masturbation. For a moral conflict with its sequelae usually follows.

The habit is very common in hysterics and in epileptics. In fact, in hysterics, the major motor phenomena may represent a sexual equivalent. Among defectives (morons etc.), little attempt is made to inhibit masturbation.

A pathological idea held by a few male patients is that semen is an excretion, and should be gotten rid of as a physiological necessity.

In some cases an obsessional neurosis, homosexuality, etc., may be back of the habit. I shall have more to say about the causes of masturbation when I discuss its treatment.

PREVALENCE OF THE HABIT

We have already referred to the universality of the habit at some period in the young child. Most investigators will agree with Moll, Kempf, Aschaffenburg and others that it is practically universal in the male adolescent for a varying period of time,—usually for a few years. Moll says it is the commonest bad habit among boys; that while all boys do not smoke, they all masturbate at some time. There may be a few exceptions, as is true of most rules. Stanley Hall says it is mere hypocrisy to deny how widespread the habit is. Youths naturally are prone to deny the habit—especially to an unsym-

pathetic examiner—as they fear a loss of social esteem. In fact, they will invent all sorts of subterfuges to hide the fact that they masturbate. A girl will often deny the habit, unless she is allowed to give an ethical excuse—*e. g.*, that the act is done to relieve some physical discomfort, as pruritus. She is more apt to confess to the habit when she is enabled to give an apparently legitimate motive for her actions.

Girls are more closely guarded in the home, and so are less exposed to erotic stimuli than are boys. And their repressions in regard to any expression of the sex impulse are also stronger. Not only because of ethical and social reasons, but also on anatomical grounds, the young girl learns of sexual sensibility later than the young boy does. But a girl who is addicted to masturbation, may very well indulge in the habit more to excess than the boy, as the physiological warnings (effects of orgasm, etc.) are less urgent in her.

Among adults the habit is most common in seclusive, shut-in types who have few or no personal or social outlets, and particularly in those whose cravings for social esteem are slight. Many of this class have a propensity for justifying all their acts, no matter how selfish. And as Kempf states, the habit is common in adults isolated from the rest of society. Again let me repeat here that one must differentiate the occasional from the habitual masturbator.

In answer to the question whether adult masturbation is more common in men or in women, I would say that the majority of writers agree that it is more common in the latter. My own experience corroborates this, as my case files show that it is four or five times as common in women as in men.

Lawson Tait, Spitzka, and Metchnikoff are among

the prominent writers who say that it is less common in women. Mercier tries to show that it is not so common in cultured women. Deslandes states that there is no difference in its practice between the two sexes. Ellis states that after puberty it is more common in women. Otto Adler says it is quite common in women, as do Löwenfeld, Eulenburg, and the gynaecologist, Kisch. Gutceit claims that masturbation is less common in girls 10 to 16 years old than in boys of that age; but above the age of 18 years, it is extremely common in single women. Moll excepts to the high incidence of masturbation in women claimed by Gutceit. And Bloch also excepts to Rohleder's statement that 95% of women have masturbated. (Berger gives even a higher percentage—99%).

However, it is often difficult if not impossible to scientifically substantiate such statements as to percentages, and other broad generalizations on a subject like this one. For social conventions force women to be secretive about all their sex expressions and so naturally they are apt to be deceptive about their indulgence in this habit. And as is well-known, the majority rarely consult the physician for this habit alone. The fact of its occurrence is brought out incidentally in the history or in the examination. It is safe to assume, however, that the habit in women is more common than is ordinarily supposed. And if psychic masturbation be included in our estimations, then the percentage is much higher still.

Even among married women, the habit is by no means rare. According to my experience, to say that 10% of married women masturbate is a conservative statement. Among married men it is very rare. The habit is found especially in unhappily married women who belong to the repressed erotic type, and who superficially are often regarded as frigid. To

a lesser degree, in unethical types, extra-marital coitus is indulged in by some of these women. But we might repeat here that coitus without affection is really a form of masturbation.

The statement of Frink agrees with my experience, *i. e.*, that many married women, anaesthetic in coitus, are nevertheless chronic masturbators. It is found especially where there is a fundamental disharmony in their marital relations. Against Bloch's idea that frigidity is due to the blunting of local sensibility as a result of over-stimulation, is the fact that the same sort of physiological reaction is not observed in other fields,—*e. g.*, one rarely sees a permanent loss of taste for food from over-eating etc. Rather the anaesthesia is due in the majority of instances to various psychic causes, just as a dislike for certain foods is often due to certain mental associations.

It is true as Kempf says that a girl may be conditioned against normal heterosexual ideas and expressions, and after marriage may develop an autoerotic habit. Also, fear of pregnancy may cause a dislike for coitus, with a secondary development of masturbation,—as a substitute. As a matter of fact, among certain psychopathic adults, it is well recognized that masturbation may be the only adequate form of sex gratification. A situation not unknown is for a patient to give up the habit, and then to indulge in the act during sleep.

It might be well to mention here that not a few men and women marry, hoping that a normal marital relationship will cure them of autoeroticism and homosexual trends. This is a sad motive for marriage and the results are often disastrous to both parties to such a contract.

CHAPTER VII

EXAGGERATIONS OF THE HARMFULNESS OF THE HABIT. THE EFFECT OF SECRECY

THE ALLEGED EFFECTS EXAGGERATED IN THE OLDER LITERATURE

It goes without saying that occasional masturbation in the adolescent can be harmful only in the psychic and moral spheres. The effects will depend in great part on the individual's make-up, the number of healthy trends inculcated by his guardians, his moral tone, and particularly his own attitude toward the habit; *e. g.*, the presence or absence of pathological fear in regard to the effects of his habit. We know that seclusive, introverted types, who often indulge in the habit excessively, and also withdraw much of their energy from reality to indulge in erotic reveries, are the ones who later on have the most fears as to the possible consequences of their habit.

Habitual masturbation will lessen an adolescent's ideals and it will tend to cause emotional upsets.

Nearly all modern scientific investigators agree that a large part of the so-called dangers and sequelae of the habit portrayed by ancient writers, and some modern lay writers, are exaggerations or even myths. Such ideas come down as relics from the writings of Tissot and his contemporaries. To Aschaffenburg, Jones, Moll, and others belongs the credit of showing the real facts in regard to masturbation. There are some men (*e. g.* Stekel) who go to the opposite extreme, and speak of the absolute

harmlessness of the habit. But as Jones says, the truth lies between the two extremes,—of absolute harmlessness on the one side, and of causing all sorts of unrelated human ills on the other. One could hardly deny its psychic effect on cultured adult patients, whose mental and moral feelings have been offended by the habit.

Healy, whose observations have been almost entirely with adolescents, says that worry does more harm than the habit itself. Moll writes similarly, referring to the individual's self-reproach on moral grounds, and to the fear of having done irreparable physical injury to himself. It might be apropos to mention here that some patients have the erroneous idea that the loss of semen does all the harm. Jelliffe and White write that "the physical act of masturbation is perhaps relatively unimportant as compared with the crippling effect of the autoerotic introversion." Bloch and Hall write along similar lines. So it must be admitted that while the physical dangers have been greatly exaggerated in the older literature, still the psychic and moral reactions are very important. This is also proven by the statements of nearly all our patients. And even on the physical side, excessive repetition of the act will favor the development of certain physical syndromes; *e. g.*, numerous pathological vasomotor phenomena, and particularly the neurosis known as primary neurasthenia. Moll makes the assertion that the act is less harmful when spontaneously done, than when artificial bodily and mental stimuli are employed.

Healy has shown that masturbation is a factor in 10% of the delinquencies occurring in adolescents,—that in such individuals there is a breaking down of the moral stamina.

The somewhat popular lay idea that masturbation may cause imbecility, consumption, etc., is not only

without foundation, but is ridiculous. Yet a patient may unfortunately accept such a false idea and react accordingly. And it may be very difficult to wean him away from such a belief, at least by logic alone. The fears of some credulous patients in this respect are made worse by reading quack literature, which abounds in this sort of nonsense.

For a person whose position in life gives authority to what he says, to exaggerate the dangers of the habit, is uncalled for. By a false statement, he may be the unwitting cause for the patient's developing a neurosis. His remark may also be the cause for a patient making the decision not to marry. He may thus change the whole subsequent life of an individual. According to Moll, exaggerated teaching may help to cause hypochondriasis.

The fact is that if early masturbation produced all of the evil results ascribed to it, a large part of mankind would be in a bad way mentally and physically. The youth, by all means, must be weaned away from the habit, but not by falsely exaggerating its effects. To falsely tell a suggestible patient that he will surely die or go insane as a result of the habit, does no real good. And it may produce lasting fears, even after the habit has been given up. And we are all agreed that the fears do more harm than the habit itself.

Let me repeat that masturbation while almost a normal phenomenon for the child and the adolescent, is not to be so regarded in the adult. When persisted in by the latter, it shows a failure of psychosexual development. It is a bad way to meet sex cravings. It increases his selfishness, and interferes with his social progress. And it is hardly necessary to say that if kept up, it will alter the later sex relations in marriage.

THE EFFECT OF SECRECY

Where the adolescent maintains absolute secrecy in regard to his habit, the harder it is for him to conquer it. With the assistance of a sympathetic adult, it will be easier for him to assimilate the whole subject later on. Kempf says that the bad effects are lessened where the adolescent felt justified (though erroneously) in practicing the habit on physiological grounds; that also the effects were lessened where the youth shared his secret with some one who was able to convince him of the real effects of masturbation, and of the fact that he was by no means alone in its practice.

The adolescent's dependence on the assurance of an authoritative adult will do much to help dispel many of the accompanying fears and dreads, and his feeling of being inferior. This is particularly so if he can be convinced that his fear of ruin, social ostracism, etc., are groundless. And the intelligent parent or teacher will assist the youth to find proper outlets for his energies, not forgetting at the same time to strengthen his moral tone; and teach him to live a life of ethical reality, instead of one of erotic dreams. Of course we are assuming a desire on the part of the youth to overcome his erotic cravings, and to conquer the habit; and that his own self pride and his desire for social esteem are normal

Intelligent sympathy will often do more good than drugs or surgery. A youth will frankly discuss his habit with one in whom he has confidence,—whether it be parent, physician, or clergyman. But where the parent or teacher assumes an unfriendly or harshly critical attitude, the youth's secretiveness will be increased, and in addition he will probably show resentment, or else a broken spirit. Where a youth reacts with arrogance, this frequently is com-

pensatory for a real feeling of lowered self-esteem. It might not be out of place here to note that secret sex knowledge may be as morally and emotionally harmful as physical sex experiences.

Healy has brought out that youths who are very secretive about the habit will often blame their complaints of lassitude, weakness, etc., on coffee or smoking, rather than to tell the truth concerning their habit of masturbation. For naturally they realize what they are doing is asocial, and wish to avoid the stigma attached to asocial acts. It is quite evident, even on physiological grounds, why the continual struggle to be secretive results in all sorts of nervous tensions in the chest, abdomen, eyes, etc.

CHAPTER VIII

SYMPTOMS AND SEQUELAE

SYMPTOMS

Inasmuch as masturbation is rather a habit than a disease, it is questionable whether it is quite proper to speak of its symptoms and signs. But as some writers speak of effects as symptoms, we will briefly refer to some of them here. Later on I will consider in more detail the effects which are said to result from excessive indulgence in the habit.

As I said before occasional masturbation can have only mental and moral consequences. Even in excess, as the gynaecologist Graves says, one is more apt to see psychoneurotic than gynaecological symptoms. In a temperamental, religious person, the act is more apt to cause greater mental conflict than in an inactive person of lower moral tone. Thus we can understand why in a very sensitive, ethical individual, an act of masturbation done on only one occasion may cause a severe psychic reaction, whereas another individual with no conflicts about his conduct may practice the habit for some time with very few after-effects. And it is evident that it is hard to state what constitutes excess in regard to this habit. It depends in part on the general physical health, the constitutional nervous make-up, the personality, the moral tone, the severity of the mental conflict, and the accompanying motor reactions etc. to the habit. So it goes without saying that some types of individuals are more upset by the habit than others.

The reactions are quite different in the infant, youth, and adult. We have previously made some reference to this distinction.

It is hardly necessary to say that a careful study must be made of each patient's personality, and the environmental influences must be estimated as to their effect on character. Sex is no exception to the rule that most psychopathic types usually choose the easiest way to achieve their aims. The struggle for such people to be pure or to win a suitable marital object is too great. As many of them are not ethically well-grounded, excessive masturbation with them is common.

Many of these patients suffer from a loss of self-pride. Their conviction of sin with feelings of unworthiness, and numerous self-reproaches form quite a characteristic picture. This state of affairs soon leads to egocentricity, undue reticence, a loss of interest in school work, friends, etc. There comes a feeling of loneliness, depression, and even despair. In deeply religious youths, not those who are merely formally so, there is an accentuation of the above trends. In some cases, over-scrupulousness is a reaction against the habit. Where the patient's feeling of guilt is very marked, he may be indifferent to the physician's explanation that the act is not physically as harmful as he fears, and that the psychic phenomena can be overcome after a manly struggle.

The continual mental conflict, the compensations and over-compensations, cause a chronic feeling of fatigue. This state of turmoil uses up energy which had better been utilized in other acceptable and useful ways. Some of these patients have a feeling of having been polluted. Others who have a feeling of moral impurity develop, as a compensation, a compulsive washing of the hands. A compulsion neurotic will usually not accuse himself of indulgence in

the habit itself, but may complain of a pathological fear of contamination. Psychotic types often say that they have wasted their vital forces through the practice of the habit.

So we now can understand why the worry and fears over adolescent masturbation can change an individual's whole career. This might all have been avoided had he learned the truth, not only about the prevalence of the habit and its real effects, but also the reason for his being upset. So it behooves regular physicians and guardians to give some attention to this phase of human conduct, in order to assist these patients in their serious struggle to overcome the habit.

APPEARANCE

Most authorities agree with Hall when he says that there is no characteristic attitude nor expression by means of which an expert can pick out a youth who masturbates. Dana mentions a long list of phenomena as proving evidence of masturbation, many of them indicating vasomotor instability and timidity, which might just as readily and reasonably have been ascribed to anaemia or some other condition. Much of the popular description of the appearance of a chronic masturbator would be more applicable as the description of a psychopath. True, many of the latter masturbate, but one should not confound the evidences denoting a psychopathic character with the effects of masturbation. As Healy says, there are some cases where the effects of the habit are noticeable, but the rule is that moderate masturbation in the normal youth is not reflected in his face. Unfortunately, many of these depressed patients fear that anyone can pick them out by a mere inspection. Quacks recognize this failing in

some patients, and are glad to foster it. This, of course, increases his shyness and depression. The greatest mistake a youth or his family can make is to consult a charlatan for advice as to masturbation.

EFFECTS OF THE HABIT

In studying the results of excessive masturbation, it is best to consider separately its effects on the character, the mental and moral conditions, and the physical status. All physicians have noted how many neurotic individuals in telling their stories, often connect their difficulties with masturbation.

I will leave the discussion of neurasthenia and mental aberration as sequelae of masturbation till later. But it is well to reiterate here that when certain writers say that moderate masturbation in youth, is harmless, they are without doubt thinking chiefly of the physical effects, for such a conclusion could not hold true in regard to the mental and moral spheres in ethical individuals. It might be possible to disregard the moral factors in a certain type of male, and in that type of female known as the demi-vierge, described by Kisch and Bloch as women who are physically virgins, inasmuch as they still retain their hymens intact, but who are morally not living on a high ethical plane. The chronic autoerotic activities of this type often condition them to be perverse in their later expressions of sex.

EFFECTS ON CHARACTER

White says that as ordinarily practiced, masturbation has not the serious significance usually given it, but that if indulged in excessively, its greatest danger lies in the crippling limitations it places on the individual's personality. And Dejerine asserts

it is not the physical exhaustion which does the harm, but rather the moral reproaches, or the fears of having inflicted physical harm by the habit. The deleterious effects on character are especially to be noted in adult masturbation.

Where the habit has become uncontrollable, Kempf states that it may lay the foundation for a wretched personality. It is because of the fact that masturbation is an infantile method of sex gratification, that persistence in it causes a limitation of normal psychosexual development. And naturally normal socialization of the individual also becomes difficult, for he eventually comes to feel that he has lost the appreciation of his fellow men. So the habit tends toward exclusiveness, and in some cases to a narcissistic fixation on self. Among asocial types, cultural repressions are weak, and so masturbation is common.

In studying a patient, one must be careful not to blame every character defect on the masturbation, for many of the bad traits and trends of the introverted psychopath exist independent of the masturbation. Moll states this in a different way, when he says that it is often difficult to tell which symptoms are due to congenital predisposition and which to masturbation. But certain traits and trends may be caused by, or if present, accentuated by the habit, *e. g.*, seclusiveness, secretiveness, laziness, abnormal timidity, scrupulousness, a lack of altruism, resentment and grudge. The chronic masturbator is often indifferent to other people, because of the fact that he is his own love object.

PSYCHIC EFFECTS

It is in this field where we look for the most numerous sequelae of masturbation. And it is par-

ticularly in this realm where we see the reactions which mostly demand treatment, *e. g.*, the great remorse, and the conviction of sinfulness and moral depravity, the depression accompanying the feeling of guilt, the numerous fears, etc. A lack of tact on the part of the examiner may unwittingly increase the patient's self-consciousness. According to Jones, the remorse in measure depends on the fact that the act is a revivifying of infantile activities and phantasies. Psychotic patients indulge in all sorts of self-accusations, and also develop self-mutilation compulsions, as their way to cure their difficulties. A severe depression may be accompanied by suicidal ideas and tendencies.

The feeling of guilt experienced by these patients is often undifferentiated; the masturbation may be the carrier of guilty feelings from other sources. Feelings of shame and reproach are socially useful as they are antagonistic to this selfish manner of expressing the sex impulse.

Abnormal self-consciousness and morbid introspection are commonly observed. For interest in this form of sexual activity draws the patient away from healthful mental and physical occupations, and is inimical to a normal family and social life. The youth who persists in this form of selfishness may later become deceitful, jealous, cruel, and obstinate. Some girls instead of being timid, exhibit a cold, blasé manner, and are very bold and egotistical.

The youth may develop a very disabling feeling of inferiority, or if it already exists, have it greatly accentuated by the habit. With this goes a loss of self-confidence and an uncertain will. Harsh criticism by a parent may increase the feeling of inferiority, particularly if the parent's struggle against the habit in the child has been almost futile. Incidentally,

I might mention that punitive measures to correct the habit often have quite the opposite effect.

Healy says that chronic masturbation can contribute to the causation of mental dullness. In such patients, there is poor attention, a lack of concentration, and a great desire to change positions, because of a loss of interest in their work. Many of them show great irregularity in intelligence tests. In another type of patient, there results a search for all sorts of artificial and stimulating amusements with bad mental habits and a bad imagination. Masturbation favors delinquency, though in only six out of one thousand of Healy's cases, was it the sole cause of mental dullness and delinquency. One must be careful not to mistake some of these youths for morons.

It may possibly be true, as some writers claim, that masturbation is less harmful physically (and socially) in women than in men. But in the case of adolescent girls, who are more emotional than boys, the psychic bad effects may be worse. So the statements of Bloch, Löwenfeld, Mercier and others, that it causes less harm in girls can only be true if there are no mental or moral scruples involved. What might be referred to as a social bitterness not seldom follows masturbation in adult women.

FEAR

Fear is one of the commonest and most persistent sequelae. The fear or fears relate to some form of mental, moral, or physical failure or ruination. The youth's fear of his practice of masturbation acts as a steady irritant and wears him out. Insomnia is a natural sequence of all forms of pathological fear.

To well-intentioned but foolish parental threats to amputate the penis or hand of the young child in

order to cure the masturbation can be traced some cases of psychic impotence in later life; also various hysterical vasomotor symptoms in the hands and arms.

Fear usually causes a simple depression, without this developing into a psychosis. A fear of being followed and watched may be due to the projection of a guilty conscience, and is often seen in psychotics. Some psychotic women also have a fear that masturbation is the cause of some disorder or disease from which they suffer. They sometimes think, too, that it can be the cause of pregnancy. This latter idea is often a wish-fulfillment.

FEAR OF INSANITY

The fear of insanity is very acute and disturbing in many of these patients. Jelliffe and White sum up the modern view concerning the relation of masturbation to insanity by saying that masturbation is more often a result than a cause of mental aberration. Bloch and Rohleder write similarly. J. R. Hunt says it may cause neurasthenia, but not insanity *per se*. However masturbation is undoubtedly an important factor in some cases of acute psychoses. This is particularly so in some sensitive religious patients. It is Healy's opinion that masturbation can favor erratic conduct. It might be mentioned here how frequently we observe psychic upsets after the habit has been given up. Any tendency to resume the habit is sure to cause an acute mental conflict. If a neurosis develops, it is to be regarded as a compromise formation. The masturbation and the neurosis both express similar trends,—one positively, and the other negatively. Few observers could endorse Aschaffenburg's statement that he never met a single

serious nervous disorder unquestionably due to masturbation alone.

The laity have an erroneous idea that masturbation is a potent and frequent cause of insanity. For example, many dementia praecox patients are chronic masturbators. And it is hard to convince some parents that the habit is the result, not the cause of the dementia praecox. Likewise some patients connect their mental upset with masturbation. On recovery they may over-react against the whole subject, even to the point of not bearing to hear the name of the habit mentioned.

It is well-known that the lack of self control characteristic of dementia praecox, favors the excessive practice of this habit; which in turn increases the demoralizing or deteriorating effect of the original mental disorder.

As Brill says, most of the cases designated by writers in former days as "Masturbatory Insanity" were really cases of dementia praecox,—a disorder which had not yet been recognized in those days. Healy says, "The earlier writers spoke of an insanity of masturbation (*e. g.* Mercier). If it ever does cause insanity, it must be very rare." Marro (in his "Evolution Psychologique Humaine à l'Ecole Pubère") is the only modern authority who refers to an insanity of masturbation. No modern psychiatric text book uses the term at all.

PHYSICAL EFFECTS

Let me reiterate what I stated previously, that where masturbation is indulged in moderately, there are usually no physical sequelae. Gynaecologists and genito-urinary specialists in mentioning the somatic after-effects refer to cases where masturbation is practiced excessively.

In studying the mechanism of this habit, one can distinguish between masturbation limited by the production of sensory gratification, and masturbation going on to the production of an orgasm. The latter is associated with convulsive motor reactions and increased secretory reactions. The former is the usual female way, the latter, the usual male way of reacting. So the statement of Eulenburg that not only the physical, but also the psychic effects are less marked in women needs some qualification. For physiologically, this certainly is not so for all women. And psychologically, there is no reason why the two sexes should show such discrepancies in their reactions to a mental conflict. For though most women—particularly single women—do not masturbate to the point of orgasm, still if the woman realizes that what she is doing is a sexual act, and has to overcome scruples in its performance, why should she exhibit less mental conflict? In fact, in many instances the contrary is true.

In the case of young boys, Moll denies that masturbation is more deleterious if practiced before the boy is old enough to have an orgasm, for the reason that most boys begin the habit before that time.

NEURASTHENIA

By this term I refer to the neurosis known in modern nomenclature as primary neurasthenia,—a pure fatigue neurosis. I will discuss this condition, but very briefly. As a primary condition, it is rather uncommon. It must not be confounded with those various “neurasthenic” syndromes of the older writers, occurring secondary to other diseases. Nor must we confuse it with the various forms of hysteria. Modern investigators as Kisch, Gattel, Jones, etc. attribute primary neurasthenia to years

of masturbation, which has been practiced in excess, both in frequency and in length of time. Löwenfeld and Eulenburg agree to this view, but state other factors must be added. The statement of Kisch that this disorder is less common in women is quite true.

The cardinal signs of a primary neurasthenia are fatigue, pains in the legs, arms, and spine, a feeling of pressure in the head, headaches, and a flatulent dyspepsia. Various temporary vasomotor phenomena are common. Bloch calls attention to the numerous subjective complaints of the eye and heart. A hypochondriacal trend is frequent. Among the symptoms enumerated by Kisch, besides the above, are backache, insomnia, palpitation, and some few gynaecological complaints, which I will enumerate later. Some of these patients are anaemic and complain of an intolerable weakness. Many of them feel a little better in the morning but are tired and irritable at night.

There are some writers who dissent from the views just mentioned. Thus Bloch says that masturbation is the result not the cause of neurasthenia. Stekel says that he knows no neurasthenia; that all such cases are psychogenic disorders.

Few authorities can be found who will agree with Aschaffenburg when he says that "the sexual life exerts no dangerous influence worth mentioning on the nervous system," if in his statement he includes the psyche. Even the genesis of pathological fears in these cases is recognized by the laity. Jones gives the accepted modern view when he says that the neurasthenia resulting from excessive masturbation is only an exaggeration and fixation of the fatigue and general slackness that so commonly follows a single act of masturbation which has been accomplished after a moral struggle. This struggle uses up en-

ergy, and this is a greater factor in producing fatigue than is the physical act itself.

As a result of conflict, there is an increased bodily tension, due to a damming back of energy. Though legitimate orgasm in coitus lowers physical tension, this is not so in cases of masturbation, where the feelings are pent up, there being no emotional outlet. In fact this same mechanism applies in those cases of unsatisfactory coitus, where marked disharmony exists between husband and wife. So when Anstie, a gynaecologist, says that these cases are cured by marriage, one has to accept such a statement with reservations. For as a matter of fact, if other bad traits and trends co-exist, marriage may very possibly make the patient worse.

It must be admitted that many of the so-called symptoms mentioned as characteristic of masturbation might with equal justification be ascribed to other conditions. For example, Kisch says that many of these girls are weary, pale, and have rings under their eyes; that they spend much time in bed. But the same might be said of an anaemic girl living a sedentary life, who was not addicted to the habit of masturbation. And if you will have a series of blood pictures made in some of these apparently anaemic girls, you will be surprised to find the blood normal. Instead of anaemia in such cases, the paleness is the result of a chronic vasomotor constriction (tension).

The fatigue and languor so regularly complained of by these patients is partly of psychic, and partly of physical origin (mental conflict added to depleting motor and vasomotor reactions.) For it must be admitted that persistent bodily tensions will naturally cause fatigue. In fact, some adolescents exhaust themselves with a continual battle with their sex difficulties. And yet a continent person may

stay well by avoiding a damming up of his sex energies, by means of working them off in sublimations and non-erotic aims; (physical exercises, social pleasures, study, etc.)

According to Freud, four neuroses may result from masturbation,—primary neurasthenia, anxiety neurosis, hysteria and compulsion neurosis.

Kempf claims that excessive masturbation, as is observed chiefly in psychotics, may in part be the cause of refusal of food, vomiting, headache, weakness, and emaciation. And Jones and other writers say that excessive masturbation may cause frigidity and anaesthesia in women, and psychic impotence in men. Other factors, as fear, disharmony, etc., enter into the causation of these pathological states, of course.

LOCAL PHYSICAL EFFECTS

Gynaecologists differ in their estimation of the physical effects in women, resulting from the habit. Graves of Harvard has summed up this phase of the question very well. Kisch in his "Sexual Life of Woman" says that local signs of chronic masturbation in the female are an enlarged, elongated, reddened clitoris; nymphae which are attenuated—often assymmetrically so,—thickened, wrinkled, and pigmented. My own observations are in agreement with this statement of Kisch. However one must remember that if masturbation is only occasionally practiced, or if local manipulation is not employed, these signs, may all be absent. The labia majora and hymen in some cases are flaccid and the vaginal outlet is red. In some instances there is a chronic pelvic congestion, and endometritis with leucorrhoea, menorrhagia or metrorrhagia. With all this, some

diminution of sexual sensibility may be present in some of the patients.

The gynaecologist, Montgomery, adds to the above signs—swelling of the groove between the urethra and the clitoris; a clear abundant secretion from the Bartholinian glands; local hyperaesthesia, and pruritus in some patients; pains referred to the ovarian regions. In the married woman, dyspareunia is frequent. Some of these patients show an exaggerated prudery to any local examination. Some gynaecologists claim that the uterus may be enlarged, and that there may be a varicocele of the broad ligament, corresponding to the scrotal varicocele as found in the male.

Some genito-urinary specialists stress without sufficient foundation in most cases, the claim that in the male one usually finds trouble in the posterior urethra. They even claim that this acts as a potent cause of masturbation. I think I express the views of most modern authorities, when I say I could not subscribe to such an opinion.

As to the question whether the hymen is not often ruptured by masturbation, Moll answers in the negative. He says that such a method of rupture would be too painful,—that the individual would not persist in the act under the circumstances. And Maschka said that it is rare for the hymen to be ruptured except by ordinary defloration and surgical measures. There are a few cases where the rupture is probably due to masturbation, wherein foreign bodies have been suddenly inserted into the vagina. For a fall or inflammation to cause this trouble is very unlikely.

CHAPTER IX

MASTURBATION AND COITUS COMPARED

DISSIMILARITY OF THE TWO ACTS

It might be well to make a few comparisons between the acts of masturbation and normal coitus. Coitus is the normal adult way of expressing the sex impulses. It involves two elements,—the affective (emotional) and the physical. It is quite evident, if one will consider the physiology and psychology of the two acts, why masturbation cannot be a satisfactory equivalent for coitus. There could be no emotional satisfaction to any normal adult in an act of masturbation; but rather it would cause dissatisfaction, remorse, and revulsion. But it must be remembered that while masturbation as a source of sex gratification is an impossibility to a normal adult, nevertheless some neurotic types get more physical satisfaction from masturbation than from coitus. But even in them, this is rarely done without a feeling of guilt.

Bloch rightfully takes issue with the statements of Sir James Paget, Erb, and Curschmann, that in some people masturbation may be less deleterious to the nervous system than coitus. Normal, *i. e.*, legitimate coitus of itself has no bad effects; whereas no normal ethical adult could possibly indulge in masturbation without suffering great mental distress, and experiencing a lowering of his self-respect. Anyone who has carefully studied these patients,

will have to admit that no matter what the physical reaction, the psychic reaction in a normal adult is bad.

From what I have already said, one can see that these two acts have nothing to harmonize one with the other. The mechanism of the two acts, the sexual attitudes related to them, the sensations aroused, and the reactions induced by the two acts,—not only local, but general,—are quite dissimilar.

Masturbation is begun earlier in life. It is more apt to be practiced excessively than coitus; and so it soon necessitates stronger stimuli for its completion. Masturbation is a more precipitate act; it does not call into excitation the secondary sex factors; instead imagination replaces reality, which is an infantile attitude. So ontogenetically, masturbation is a regressive phenomenon. It causes a feeling of ill-being and unrest, whereas legitimate coitus causes a feeling of well-being and relaxation. As White and Jelliffe say, coitus reaches its full biological development when in addition to affording individual gratification, it is of social value (as increasing the love of the couple, one for the other; the producing of a child, etc.) In contradistinction to this, masturbation is purely selfish, with no other aim than sensory gratification. Let me reiterate that most extra-marital coitus is masturbatory in character, and even marital coitus where no affection whatever exists between the couple, belongs in this category.

There are some married women—exceptions to the general rule—in whom the physical component of sex far outweighs the affective element. Such a type of woman craves almost solely sensual gratification. If she be married to a sexually unsuitable man—as one suffering from *ejaculatio praecox*—she often resorts to masturbation to complete the act. The stim-

ulus furnished by her autoerotic act is longer and more definite than her marital act.

Women who fear or who despise pregnancy, not infrequently come to prefer masturbation to coitus for self-evident reasons. This type of woman having no ethical scruples about her acts may escape a neurosis, and so not consult a physician. As a rule, she has no desire to be cured of her habit. But it is not hard to see why the sexual life of herself and her husband becomes abnormal.

There are some married women who because of faulty early training, are convinced that they are "victims" of sex, which they feel is purely a male attribute. Many of them develop the habit of masturbation as their relief from coitus, which they dislike.

It is safe to say that almost any strong fear will favor sexual anæsthesia in women. And all writers agree that chronic masturbation favors frigidity in woman and sexual impotence in man. And, of course, there is always the possibility in both of developing a neurosis later, because of their abnormal sex life.

CHAPTER X

TREATMENT OF MASTURBATION

As Stanley Hall of Clark University has said, this branch of sex hygiene has hitherto been almost criminally neglected. Physicians and clergymen especially should have a comprehensive knowledge of all phases of masturbation if they will give the greatest aid to those individuals who consult them for aid in conquering the habit of masturbation.

DUTIES OF THE PHYSICIAN

Some knowledge of psychopathology is of great value in order fully to appreciate these patients.

It goes without saying that no advice should be given these individuals which would be contrary to the standard of ethics observed in the community, nor which would offend the normal moral tone of these individuals. Fortunately very few regular physicians ever give such bad counsel as to indulge in extra-marital coitus, which would be productive of nothing but harm.

Any recommendation to marry in order to cure the habit is abominably bad and unfair; and if followed would very likely be disastrous to both of the individuals concerned. This is not a laudable aim for marriage, nor would it be an incentive for making any marriage successful.

The truth only must be taught in regard to masturbation. The evolution of the habit as it affects the

average youth may be told. Exaggeration of the effects of the habit only does harm.

The problem of each one of these patients is somewhat different, so that every one requires individual study and attention. Sympathy and encouragement are great aids in the hands of the medical adviser and teacher. The patient will frankly unburden his difficulties, if there is a good rapport between himself and the physician. But on the contrary, if the physician does not show tact, the patient may show resentment at questions asked him; proving that one's attitude may cause greater offense than one's questions. The patient must never be made to feel humiliated, nor that he is an inferior being because of his habit. Nor must anything be said which will increase his own feeling of moral depravity and hopelessness; nor increase his unwarranted fears of physical ruination.

The physician must show the youth how to divert his sex energy into other non-sexual channels, the latter acting as vicarious outlets for this energy. Normal cultured adults follow this course on their own initiative. Stimulate his desire for social esteem. The youth must be encouraged to conquer the habit for moral reasons and to please his parents; and also to show that by so doing, he has left infantile reactions behind him, and so is ready to enter adulthood. And as von Hug-Helmuth says, the youth must give up the habit because it not only is not nice, but is wrong, and if kept up will cause selfishness and abnormal sensitiveness. These are all strong incentives if properly suggested. Every normal youth both consciously and unconsciously craves the love and esteem of his parents and guardians; and he must have them if he will enjoy perfect mental health.

So again, I will repeat that it is not necessary to exaggerate concerning the effects of the habit. To

tell the truth will be sufficient, if in addition, constructive measures are employed to cure the youth.

DUTIES OF PARENTS AND GUARDIANS

Much of what already has been written can be considered with profit by parents and guardians.

More attention should be given by parents to the friends their children make. They should also take more time to inquire into the thoughts and wishes of their children. For mothers and fathers should remember that the inner mental conflicts and worries regarding a habit like masturbation can do vastly more harm (particularly if over a long period) than the act itself. Unfortunately the parents as a rule only concern themselves with outward physical acts.

Many highly optimistic parents overlook masturbation in their own children. In fact, many of them do not want to believe it is possible. Such an attitude will prevent their being of any aid to the children, in their later efforts to correct the habit. Other parents become unnecessarily excited when they learn the truth, not knowing of the prevalence of masturbation, nor of its biological significance.

The mother who has a psychologically bad attitude toward everything pertaining to the habit,—who is shocked and repelled by any reference to it in any form—is as a rule not only intellectually but temperamentally unfitted to be of much constructive help in aiding her child to rid himself of masturbation. These remarks apply to teachers and guardians as well. It is the attitude rather than the sex of the instructor which is most important.

Prudishness and unnecessarily severe expressions of horror, and also undue censure only cause a youth to draw a circle of defense around himself. This will favor a seclusive way of behaving. One should

never try to instil abnormal fear into these children, for this is apt to result in much harm. But of course, a child must be shown the benefits of self-restraint, in all spheres, and not only in regard to his sex life.

In young children, rewards may be useful to stimulate further effort. A little spontaneous sympathy now and then will help the youth to gain self-confidence. Physical punishment is mentioned merely to be condemned.

SEX ENLIGHTENMENT

All investigators know that a child has a natural curiosity for knowledge regarding himself. The parent or teacher should acquaint himself concerning psychosexual development in children, if he wishes to be in a position to intelligently advise the child. A certain amount of sex enlightenment has nothing to oppose it, and if given by the right person, it may help to keep the child from senseless and harmful preoccupation with questions of sex in the following years.

But if the child's serious questions are met in a prudish or even in a threatening way, he will naturally seek information from unreliable sources (as other children). From such sources he usually gets not only misinformation, but also learns many things which he should not know till later in life; and which because of the irritating emotional states they create, may cast a shadow over him for years to come. As Stanley Hall says, for science to refuse to do openly and properly what the press, movies, and ultra high life do by example and in a bad way, is not only illogical but decidedly wrong. Telling the truth about the habit under discussion, certainly never tends to increase it.

A failure to give any instruction whatever to these

individuals who need it, only lays a basis—because of ignorance or misinformation—for all sorts of fears subsequently. Later in life, particularly in those who develop a neurosis, there is apt to be loss of confidence in, or even resentment toward, their elders, for their omission to impart any helpful knowledge.

Though masturbation is common in schools (chiefly because at this age it is almost universal, among boys at least), the subject is rarely handled in a constructive way. As a rule, it is treated with silence as being something “unclean.” It is true that knowledge alone will not cure this habit. There must be an overwhelming desire to conquer it if a successful issue is to be obtained. A psychopathic youth will continue the habit even after being cautioned. Great tact must be used, as to the amount of knowledge to be imparted. Too sudden or too much information—especially if it is neither understood nor digested—may cause an emotional upset. In such a case, good intentions will produce results neither anticipated nor desired. It may have as bad an effect as exaggerated or fanatical teaching.

Some writers advise teaching only enough to satisfy curiosity. Others say to talk frankly, while still others say to talk in a symbolic way. But as I stated before, each individual must be handled differently. All writers agree that complete repression of all information on the subject is bad. Both Jones and White feel that instruction as to the effects of masturbation should be limited to those who need it, because of their conflicts, doubts, fears, etc.

Personal individual instruction is of greater emotional value, and hence is better than public instruction, which must needs appeal almost entirely to the intellect. Children are not adults and are influenced more by their feelings than by their intellect. And

also the same amount of knowledge cannot be digested by all children alike.

The best plan to follow in giving instruction is to be guided by the age (intellect), attitude, and questions of the child. I refer chiefly to the child, because results can be obtained so much more easily in him. The adult who persists in practicing masturbation needs psychotherapy more than mere advice. Remember to teach not only physiological facts, but also the moral obligations which demand sexual refinement. The proper scientific management of this habit in the adolescent is very important for his subsequent character development.

RELIGION AS AN AID

We are all aware that not all people can suppress or repress their sex impulses with the same ease, nor with the same degree of comfort. Everyone cannot attain to exactly the same level. But everyone should strive to do his or her best. A good moral and religious tone is a potent barrier against all abnormal methods of sex expression. A superficial formal religiosity is but little helpful. But the development of idealistic thinking by means of genuine religion is one of the greatest aids in inhibiting this habit. For the genuine practice of religion is disciplinary.

It is true as I stated before that knowledge alone will not always control the sex feelings of youth. The inspiring aid of religion must always be utilized in treating these youths. Knowledge aids on the theory that the individual can better manage a situation of which he knows something, than he can one which is shrouded in darkness. We must remember that ignorance is not a protection for innocence. But civilization demands a certain amount of renunciation and a great amount of refinement of an individual's

sex energy. It does not demand the annihilation of the sex impulse, however. The normal adult expression of sex is usually deferred for many years. But in carrying out the ordinary repressions demanded by civilization, it is not necessary to teach the individual to regard everything pertaining to sex as vulgar. Such a concept is not only untenable and demoralizing, but it will favor the development of abnormal sexual trends in adulthood.

On the psychological assumption that example has greater influence on the child than mere advice or admonition, it naturally follows that a high ethical family and social life, combined with deep and sincere religious practices will be the physician's greatest aid in curing an adolescent of masturbation.

SOCIAL OUTLETS

Those adolescents who have numerous active social contacts and whose associates have a fine moral tone, have less need to resort to this habit than do individuals who live a sedentary, uninteresting, stupid life, and who tend toward seclusion. Laziness in a youth favors masturbation. The healthy boy and girl should use up their energies in ardent pursuit of their studies, athletic games, and all sorts of active play, with happy lively companions. Rivalry is a potent means of relieving nervous tension.

Some exercises as bicycling, horseback riding, etc., may be bad in certain cases. Music and the cultivation of the arts and sciences, and good clean literature are all helpful to stimulate a good moral tone. And there is nothing better than hard work, which should be with tasks that are not only productive but pleasant. In general, I might say that all forms of innocent pleasures furnish vicarious outlets for sex energy. And if parents furnish enough of these,

there will be little necessity for the youth to fall a victim to the habit of masturbation, which has not a single ethical aim.

As Healy says, the treatment of these patients in great part depends on building up new interests and new ways of pleasant living. Besides this, the youth must be protected from bad associations, and the temptations that go with them. Co-operation is easily obtained from the normal youth,—but not from the youth full of psychopathic tendencies.

Every child should have a regular daily régime. Then his interests would not be centered on himself. Parents should see to it that their adolescent children lead good, clean, active lives. They should go to bed, tired, and enjoy a long restful sleep in a well-aired room. The recommendation of Moll not to permit the youth to stay in bed late in the morning is apt, for erotic reveries in those so inclined are commonly indulged in at this time. It is best if the occasion be avoided.

Successful results in a youth addicted to excessive masturbation, will be shown by an improvement in his school work, and in his general behavior.

Puberty, a time when the habit is very common, is also the time when normal object love,—*i .e.* interest in a person of the opposite sex outside the family group,—is first noticed. This trend is often utilized to spiritualize the youth's feelings, and to divert his interests away from his physical sensations. This psychosexual transition at puberty is usually more sharp and sudden in the male than in the female. And according to Frink, even in the adult, female love retains more of the infantile character than does male love.

Naturally the longer masturbation is practised, the longer it will take, as a rule, to conquer the habit. This is especially true if the youth has numerous

other associated bad traits and trends which prevent full co-operation with parent or physician. It is the duty of the parent to work through those incentives which will carry the greatest weight with the particular child,—whether it be religion, self-pride, or desire for social esteem. A child's mind may be likened to a flower garden. Even with much attention, weeds are apt to find their way into the garden; where there is no attention given, the weeds will outnumber the flowers. And good character traits are as flowers and bad ones as weeds. It is as sensible to expect a flower garden to take care of itself and be beautiful to the eye, as it is for a child's character to be allowed to just "grow" with no directing influences, and expect to have no disastrous traits and trends in later life. The wonder is that so many badly brought up children are as good as they are.

TREATMENT AT THE PHYSICAL LEVEL

While I feel, in common with most modern investigators of this subject that the essential management of masturbation must take place at the psychological level, I have not failed to consider the medical and surgical, and also the social aspects of the problem. So a careful medical examination should be made in all cases. Any disease or defect, general or local, which might favor the habit, either directly or indirectly, should be cured or remedied. But again I must emphasize that the medical and surgical factors are in most cases only aids in our treatment of these patients. For a definite psychological adjustment is necessary in every case, whereas a physical one is needed in only a limited number.

While I admit the importance of the ductless glands in the genesis of the sex impulse, it is a question in the light of our present knowledge how much or

how little of this energy depends on the gonads, the thyroid, the pituitary, etc. But though we are in doubt as to how much the endocrines influence the strength of the sex impulse, we have no doubt whatever that any attempt to control this abnormal expression of the sex impulse—masturbation—by endocrine therapy alone, would be a farce. Disorders of human conduct cannot be treated in any such simple fashion.

So we see that there is no panacea nor any rapid road to recovery from this habit. Victory comes only after a struggle,—in some cases a long one. A hygienic way of living must be insisted on, and of course all forms of erotic stimuli must be avoided.

The recommendation of one writer to sit up all night in order to watch the child and prevent his practicing the act is rather silly. For no parent or guardian can be with his child every minute of the day and night. If the parent cannot get a moral and intellectual grip on his child, the situation is rather a bad one. For the same reasons, mechanical means advised for the control of the habit, are quite useless. This includes tying the hands. The latter is especially useless in the case of girls, who could still continue the habit by thigh movements. And how would any of these means prevent bad mental imaginations?

These adolescent patients should scrupulously avoid liquor in all forms, for the ethical feelings are the first ones to be inhibited by alcohol. Considering that a prime factor in treatment is a strengthening of the moral tone, one can see why abstinence from liquor is essential.

MEDICAL TREATMENT

The following are some of the purely medical measures recommended in the treatment of this

habit. They may be an aid in certain cases, if used in conjunction with the principles of treatment already given. They must not be depended on alone.

Baths—Sitz, cold, spinal douches, sponge, swimming.

Electricity—Contraindicated in most cases.

Drugs—Sedatives, as bromides, camphor, belladonna, etc. As von Kraft-Ebing says, the effect of drugs given for their anaphrodisiac effect is slight, and we can expect to accomplish little by them used alone. At best, they only lessen irritability, but do not cure. The impulse asserts itself as soon as the effects of the drugs have worn off.

Moll states, other writers to the contrary notwithstanding, that the character of the food eaten has little to do with the sex impulse in the child. The strength of the impulse does have a relationship to the general good health of the child.

Proper attention should be paid to the functions of the bowels. Local genital cleanliness should be maintained to prevent pruritus, which if present might eventually lead to masturbation.

Most modern text-books on Neurology and Gynaecology give only a perfunctory discussion on masturbation. The best descriptions of the subject are to be found in works on Psychopathology. The genito-urinary specialists confine most of their attention to the posterior urethra, congestion of which they regard as of prime importance in causing masturbation in the male. Their reasons for so doing, certainly in the vast majority of cases, seem to me to be without justification. And in fact local treatment directed to the posterior urethra, by fixing the patient's attention on this part of his pelvic region can do harm. This form of treatment (instillations into the posterior urethra, the passing of cold sounds etc.) would

not apply at all to women and children,—in whom masturbation is most common. This in itself is sufficient to discard the theory that congestion in the posterior urethra is an important etiological factor in masturbation. As Eulenburg of Berlin says, it is a mistaken notion to blame masturbation on congestion in the posterior urethra. The idea is a relic of the teachings of Lallemand and some of his contemporaries. Treatment directed solely at such a supposed cause is usually without results.

Apropos of this method of treatment, I might refer to some of the statements of Hühner, a genito-urinary specialist. Few psychopathologists would agree with most of his views. He blames the cause of masturbation in children on phimosis, acid urine, etc. And he says that masturbation in the male adult is not a nervous disease, nor a “disease of the imagination”; that tonics, sports, etc., are of no use in curing the habit, in as much as it is due (?) to irritation in the prostatic urethra. He treats masturbation by massage of the prostate through the rectum, and by instillations of a silver nitrate solution into the deep urethra. Practically every psychopathologist would severely condemn this form of treatment in the majority of cases.

LOCAL SURGICAL TREATMENT

The usefulness of surgery to cure masturbation is limited, both in the number of patients who need such treatment and in the scope of the treatment itself. Such operative treatment as is sometimes indicated, is limited almost entirely to the external genitals. For needless to say, major pelvic operations can have little or no direct influence in curing the habit of masturbation.

In the male, about the only operation of importance

which is done is circumcision for phimosis, for the prevention of local genital irritation. But as Healy says, where grooves of habit are already worn deeply, an operation for phimosis in itself, rarely cures masturbation. It must be supplemented by such treatment already outlined as would apply in the individual case.

In the case of females, operations on the external genitals are but seldom to be recommended. Kisch, the celebrated gynaecologist, refers to the failure to cure masturbation by clitoridectomy. And Crossen in his text-book says that such an operation is only rarely practiced. Inasmuch as woman's sexual sensibility has a wider distribution than man's, it is evident why ablation of the clitoris for sexual hyperaesthesia does not cure masturbation. As a matter of fact, the operation is more apt to be harmful, and is condemned by most authorities.

The chief minor operations done on females are for the correction of adhesions of the clitoris, and minor plastic operations here, on the nymphae, and on the hymen or its residuals. In a few cases, the surgical removal of a urethral caruncle is necessary.

The gynaecologists, Ashton and Montgomery, recommend operation where adhesions cause irritation, or where they retard development of the glans clitoridis. Hirst recommends retraction of the prepuce of the clitoris and the prevention of adhesions where indicated. Eden does not go into the subject in his book. Graves gives the best résumé on masturbation from the gynaecologists' standpoint.

Whether any local surgery is needed or not should be decided by a reputable physician. Parents of these patients must be careful to avoid quacks,—one class of whom I described in an article which I published in the *New York Medical Journal* (Feb. 21, 1923). This class makes a cult out of operating on the

female external genitals, recommending such operations for the most absurd reasons (as anaemia, hay fever, goitre, etc.) Parents should be warned of the danger of consulting such charlatans.

As Healy again says, these operations on the females do not alter predisposed paths of nervous conduction. But he writes that if nymphomania be present, it requires both mental and medical treatment. His investigations had to do chiefly with delinquents, who would naturally not be as susceptible to moral influences as normal refined girls would be.

Those of us who served on special mental boards of the army during the World War saw instances of attempted cure of the habit of masturbation by self-mutilation. Such reactions are only seen in psychotic individuals.

CHAPTER XI

SOME SPECIAL FACTORS.

MASKED AND SUBSTITUTIVE FORMS OF MASTURBATION. CONCLUSIONS

I will repeat a few points by way of emphasis. Most individuals need but little advice in regard to masturbation. The habit in them never having become marked, and they, being possessed of healthy characteristics and trends, eventually reach normal psychosexual development, with a moderate degree of effort. Sex never presents the same problem to all people. To some ascetics and philosophers, it is hardly a problem at all. There are some people with a weak sex impulse, who instead have an inordinate craving for food and drink, which may become their problem. There are some who find it difficult to sublimate all of their sex energy into non-sexual channels, and so are left with some psychic and vegetative hypertensions. Such people must avoid circumstances which are erotically stimulating. Needless to say the normal psychosexual adult is no longer interested in autoerotic or narcissistic situations. He has long since forgotten that the instinctive reactions of childhood were pleasurable. And if he never develops a psychosis, they have passed out of his life for all time. A psychotic of course, may regress back to the interests of this period. Some few need a great deal of attention over a consider-

able period of time. This is especially true in introverted, depressed patients.

It is well to keep in mind that self-accusatory ideas in older individuals may have masturbation as a basis, though this may not be declared directly; rather will they first accuse themselves of something else.

Always study the personality make-up of your patient carefully. For the personality determines both the treatment and the outlook. Psychopathic and epileptic individuals, and particularly defectives, are difficult types to manage. The fact that during the acute phases of the psychoses you may get no cooperation from the patient, often makes your efforts futile. These people often withdraw from reality and live in their phantasies instead. Masturbation plays a role in some suicides with guilty feelings, and a feeling of disgust for self. As Sadger said a person may take his life when he no longer expects love from anybody. This is particularly true in some family-fixation patients.

Dementia praecox patients are very prone to masturbate, as they have never learned to overcome their childish autoeroticism. They never reach the stage of a true love object. Hence they readily regress to earlier levels of development. Fortunately these difficult problems constitute only a small fraction of those whom we are asked to treat.

As Pfister has shown, some younger individuals who masturbate to excess, are often indifferent to the advice of others. Disinclination for effort, poor attention and concentration, dullness, and inefficient work, fatigue, and even delinquency may result from excessive masturbation. Psychotic individuals are sometimes prone to great excesses in masturbation.

But where masturbation is practised by an adult who is fixed in autoeroticism, narcissism, or homosexuality, the habit may then be difficult to eradicate. Such individuals lack the normal wish for a stimulating love object. Rank showed that we often find a close connection between narcissism and masturbation. And likewise, those individuals who carry over the habit into marriage, with no desire to change, are not favorable cases for treatment. These persons rarely consult the physician, at least not for the eradication of their habit.

What we have written concerning masturbation in the child and adolescent does not apply to older people, who by this time of life should have reached adult psychosexual development. People in the thirties and forties and married individuals who masturbate, often try to justify their actions, and such can see no need for sublimating their tendencies. They use up much energy in trying to hide their form of gratification from the world. For they realize that society fears the unusual, and also the abnormal. Even sexually abnormal people may remain comfortable as long as they avoid comparison and competition with sexually normal people. Social opinion is much against any expression of adult autoeroticism or adult homosexual love. So we see that these tendencies in the youth have chiefly developmental significance. In the adult they signify a failure of normal psychosexual development. They are usually associated with numerous personality faults; *e.g.* they are self-centered, secretive, backward, etc. Such patients may feel resentful, or may develop suicidal ideas. Many of them feel very wretched.

Where a patient refuses to speak to the physician

about his instinctive life, it may be difficult to aid him; or even to understand his complaints. This applies particularly to paranoid individuals.

The physician must learn to interpret the meaning of symbolic expressions. Only in this way can he understand the affective cravings of his patients. Symbols are the same in all races, and in all ages.

Most neurotic patients do not come to us complaining spontaneously of their psychosexual difficulties. Rather are they prone to discuss their nervous complaints, erroneously blaming them on overwork, excessive social duties, etc., instead of on the real underlying facts. People are more apt to dissimulate regarding their sex life, than about any other facts in their experience.

Two aims in managing sex difficulties are to diminish the strength of the cravings and to bring to the attention of the individual an increasing number of social outlets. Knowledge intelligently employed, favors both interest and ambition. The adolescent youth with his strong desire for social esteem, makes worthy resolutions, personal and social, on conquering his habit. Even masturbation practised over a long period of time is a habit and not a disease. This is why something more than drugs is necessary in assisting a patient. For drugs alone will never solve the conflict; nor will they help the youth to understand himself.

One should never irritate the patient, or do anything that will hurt his self-respect. The act itself does enough to hurt his self-esteem. Advice must always be constructive. For if one has no advice to give, he should not bring out the patient's imperfections. Everyone has some imperfections. Most people over-value the very qualities they lack them-

selves. Advice, to be valuable, must be given before the onset of any emotional upsets, which are not rare in adolescence, such as anxiety, or blank states, or a profound feeling of weakness, etc. The anxiety sometimes noted on cessation of the habit, may be due to the conflict as to whether to resume the habit or not. I might state here that insomnia is often due to conflict over sex phantasies. The fear of going insane to these individuals often really means a fear of committing foolish acts; for which, if they were insane, they would not be responsible.

Develop confidence, courage, and a feeling of moral obligation, and responsibility to social requirements in matters of sex. And let the youth see the fine ethical side of the child-parent relationship. Do not create a feeling of dependency, for this fosters his inadequacy, and also tends to keep up those two fundamental characteristics of neurotics—indecision and insecurity.

The physician has a social obligation and, as stated previously, can never give advice that is against the moral and ethical tone of the community, or that is contrary to medical dignity. Merely to lessen all sex restrictions will never effect a cure of a neurosis in an ethical individual. In fact a patient with a strong feeling of guilt will not even accept the truth that masturbation in moderation usually does no real physical harm, the results in such instances being noted chiefly in the psychic and moral spheres. Masturbation in those few individuals who present no feeling of fear or guilt may do little harm at all. However, because of the intense personal and racial inhibitions against the habit, few normal people come in this category, and so cannot justify their acts to themselves. So nearly all normal adolescents

want to get away from the hold that masturbation has on them. I might repeat here that marriage must never be recommended to cure one of masturbation. For besides the other more weighty reasons noted, it must not be forgotten that to some people, individuals of the opposite sex do not stand for love.

I have already noted that unethical sex relations will not cure sex neuroses, as the ethical resistances will always prevent affective gratification. Hence no matter what the physical reaction, the conflict persists, his affects remain pent-up, and his psychic irritation and depression are increased. So we see that recommending coitus to cure masturbation is ethically bad, and medically unsound. Such extra-marital coitus is really masturbatory in character, and in no way resembles coitus in marriage. It is merely substituting one unsatisfactory act for another, and it not infrequently precipitates a neurosis. Sex neuroses, like all neuroses, carry too much of the past with them.

But the physician can do much good in removing faulty inhibitions and teachings regarding sex and its development. We have shown how ignorant repression and threats of punishment may lay a basis for adult castration fears, impotence, ejaculatio praecox, and frigidity. The physician must strive to eradicate worry, which does more harm than masturbation itself.

MASKED AND SUBSTITUTIVE FORMS OF MASTURBATION

There are some forms of masturbatory activities, masked, larval, and substitutive forms of gratification with which the physician must become acquainted. Most parents have no idea of the signifi-

cance of these masked or substitutive reactions, unless their physician has acquainted them with the facts. And it is necessary that the patient eventually give up these abnormal reactions. Many of them are not recognized by the patient as being sexual in nature. Their interpretation and management require both care and tact. Stekel has described some of these cases in detail.

We recognize that it is an error to think that all masturbation must be genital. We know that women especially have many erogenous zones. In a few neurotic individuals, stimulation of body orifices, as by means of douches, enemas, etc., may constitute a substitutive gratification. Rhythmical, stereotyped movements of the thighs with neurotic day-dreaming often have a sex basis. But a repressed patient in her own defense may confine her phantasies to quite indifferent subjects. This latter may spare her from reproach and remorse, which depend of course on the nature of the phantasies. The latter determine in part whether the masturbation is decidedly abnormal or not. The connection with certain tics is a more difficult one to make, as is enuresis nocturna. Many physicians who accept the opinion that these reactions are unconscious sources of interest and pleasure, fail to see their sexual root. I have more than once seen pain in the clitoris as an unconscious defensive reaction against an ethical patient's becoming aware of the real underlying mechanism, the rest of which corresponded to an ordinary masturbatory act. Masked or larval masturbation gradually wastes the physical sex energy, leaving an excess of affect behind. This may eventually lead to an anxiety neurosis.

Some patients have morbid fears that their way of

sitting, riding, etc., is stimulating to them, and as a result develop all sorts of compensations. Others masturbate in a purely mechanical way, without phantasies, by leaning against tables, desks, etc. Then we meet an occasional individual who never considered that masturbation was a sex act.

Many hysterics find it difficult to give up childish pleasures. When such individuals give up the habit of masturbation, we find that many of their hysterical reactions are really substitutive gratifications (symbolic acts) for that which they have unwillingly abandoned. And these same patients if they later give up all their social outlets, may again return to direct masturbatory activities.

For the benefit of those who do not care to admit the essential psychogenic cause of many sex disturbances, the following observation from Abraham¹ may interest them. He showed that because of lack of interest in the object, or because interest was elsewhere, or because of feelings of aversion or hostility, a man who suffered from *ejaculatio praecox*, did so only in relation to coitus, and not in relation to masturbation.

The physician must caution the parents against getting their information regarding sex matters from books or plays which deal only with perversions and the abnormal in sex. Such sources are worse than useless for the parent's guidance.

There are very few reliable books on this subject. And some of the otherwise reliable ones carry some of the misinformation from previous centuries. For example, Bigelow, a biologist and not a physician, recently wrote a very admirable book on "Sex Edu-

¹ Abraham: *Über Ejaculatio Praecox*; Internationale Zeitschrift für ärztliche Psychoanalyse; IV, Heft 4, S.171.

cation." In it he makes the following erroneous statements in regard to masturbation: where he refers to the physical injury (p. 36): where he refers to the act being abnormal about the time of puberty (p. 179), this being exactly contrary to the experience of all psychiatrists. His recommendation to prevent the opportunity for masturbation (p. 138) is impossible to carry out, except through a basic moral, ethical, and social training. To watch a youth surreptitiously would be useless and would only increase his self-consciousness and timidity; and this would favor the development of an inferiority complex. One point he rightly stresses is that whatever harm is done by masturbation is due to the loss of energy, and not to the loss of secretions. One is surprised that such a careful student as G. Stanley Hall, an educator of note, blamed the latter for the fatigue, etc.

It has been my experience that it is often harder to deal with the parents whose aid we need, than with the patients themselves. The parents should realize by now that an unsympathetic attitude, threats, and making prophecies of future ill-health, will at least favor a feeling of inferiority or resentment, and may cause a depression. Some parents, who as children suffered from their own masturbatory phantasies and activities, are prone to think that they can whip the habit out of their own children. This method never effects a successful cure.

The parent in assisting the youth to overcome his habit, develops his self-control, and both his psychosexual and personality development. In the adult the difference between masturbation and normal sex relations is the difference between the child and introversion, and the adult and reality.

Where the parents prefer to remain optimistically ignorant of the youth's difficulties in regard to masturbation, such parents can never sympathetically wean the youth from the habit; nor can they understand his morbid fears and anxieties, nor the cause of his mental irritabilities or weaknesses. Morbid fears and anxiety are probably the two most common syndromes we see in psychiatry. Morbid fear is nearly always the negative expression of a repressed desire, the latter not being in harmony with the ethical trends of the individual's personality. It cannot therefore be directly expressed. In states of chronic mental hypertensions, we often notice that a slight stimulus, possibly an indifferent one, may arouse anxiety or fear.

In writing this thesis in this way, I have purposely reiterated some of my contentions to make them stand out more emphatically. I have also stressed the psychosexual factor, though not neglecting the physical factor, because the former is so often neglected by many writers, or else treated in a cursory manner. For all those engaged in the study of human conduct, and particularly for those whose duty it is to ameliorate the mental and physical sufferings of mankind, the subject of masturbation demands some attention; which hitherto has not been given by most of those to whom these individuals must look for help and encouragement. My aim has been to present the modern scientific teachings on the subject as clearly and briefly as possible.

CONCLUSIONS

1. Infantile masturbation is practically universal; in adolescents, it is the rule with boys, and is very common in girls; in adulthood, it is more common in women than in men.

2. Physiologically, masturbation is not abnormal in young children, but the habit is always abnormal in adults, in whom it shows a psychosexual mal-development, or a regressive phenomenon.

3. The harm resulting from excessive indulgence in the habit is chiefly in the mental and moral spheres, rather than in the physical sphere.

4. In the adolescent and in the adult, a cure of the habit is easiest where the traits and trends of the individual are predominantly good, where the wish to give up the habit is strong, and where numerous good incentives are actively present.

5. Sympathy and encouragement are great aids to the patient, whereas an antagonistic attitude, censure, and punishment are usually harmful.

6. The problem is more often a psychopathological one, than a medical or surgical one.

INDEX TO AUTHORS

- | | |
|-------------------------------|----------------------------------|
| Abraham—43, 50, 121 | Hühner—111 |
| Adler—76 | Hunt—90 |
| Anstie—94 | Jelliffe—19, 90, 98 |
| Aschaffenburg—74, 78, 90, 93 | Jones—65, 68, 69, 71, 78, 79, |
| Ashton—112 | 88, 92, 93, 95 |
| Berger—76 | Jung—61, 65, 70 |
| Bigelow—23, 121 | Kempf—47, 65, 74, 75, 77, 81, |
| Bleuler—42 | 87, 95 |
| Bloch—24, 42, 48, 68, 72, 76, | Kisch—76, 86, 92, 93, 94, 95, |
| 77, 79, 86, 89, 90, 93 | 112 |
| Bousfield—68, 69, 72 | von Kraft-Ebing—110 |
| Brill—73, 91 | Lallemand—65, 111 |
| Cannon—43 | Leitner—65 |
| Crossen—112 | Löwenfeld—76, 89, 93 |
| Curschmann—97 | Marro—91 |
| Dana—73, 85 | Maschka—96 |
| Déjerine—86 | Meagher—68, 112 |
| Deslandes—76 | Mercier—76, 89, 91 |
| Eden—112 | Metchnikoff—75 |
| Ellis—76 | Moll—50, 64, 65, 68, 70, 74, |
| Erb—65, 97 | 76, 78, 79, 87, 92, 96, 107, 110 |
| Eulenberg—63, 76, 93, 111 | Montgomery—96, 112 |
| Ferenczi—49, 57 | Moore—42 |
| Forsyth—53 | Oppenheim—72 |
| Freud—61, 68, 72, 95 | Paget—97 |
| Frink—77, 107 | Pfister—115 |
| Fürbringer—65 | Putnam—19 |
| Gattel—92 | Rank—61, 62 |
| Gutceit—76 | Richmond—53 |
| Graves—83, 95, 112 | Rohleder—76, 90 |
| Hall—16, 19, 65, 66, 73, 74, | Sadger—115 |
| 79, 85, 100, 103, 122 | Simon—65 |
| Hartman—42 | Spitzka—75 |
| Healy—65, 66, 73, 79, 82, 85, | Stekel—42, 44, 78, 93, 120 |
| 89, 90, 91, 107, 112, 113 | Tait—75 |
| Hirst—112 | Tissot—64, 78 |
| von Hug-Helmuth—65, 70, 101 | White—65, 79, 90, 98 |

INDEX

- Abnormal trends (see psychopathic), 71, 107
- Affect, pent-up, 118
- Age to teach sex, 30
- Aim of Masturbation, 63, 74
- Anæmia often apparent only, 94
- Anæsthesia sexualis and masturbation, 69, 78, 95, 99
- Anxiety, 62, 118, 123
- Anxiety neurosis, 120
- Appearance, 85
- Associations, conditioned, 37
- Attitude as to sex, 14
- Autoerotic stage, 53
- Biological viewpoint, 61, 62
- Bisexuality, 46
- Books on sex, 121
- Causes, 72
- Causes and effects confounded, 72, 87
- Character, effects on (see personality), 86
- Child-parent relationship, 24
- Child psychology, 51
- Children and the excretory organs, 66, 70, 74
- Children and masturbation, 65
- Children, the influence of other, 73
- Children, the questions of, 103, 105
- Children and sexual curiosity, 66
- Child's acts and adult interpretations, 33
- Child's life, 34
- Child's love, 36
- Civilization and sex, 38
- Clergyman and sex knowledge (see religion), 22
- Clitoridectomy contraindicated, 112
- Clitoris, local operations on, 112
- Clitoris masturbation, 69
- Coitus, 46
- Coitus and masturbation compared, 97, 119, 121, 122
- Coitus, extra-marital, masturbatory in type, 69, 77, 98, 100
- Coitus, unsatisfactory, and masturbation, 94
- Compensations, 37
- Compulsions, 84
- Conclusions, general, 124
- Conflicts, mental, 41, 62, 83, 93, 102, 117, 119
- Curiosity, sexual, 16, 26, 31, 66, 103
- Defectives, 74, 89, 115
- Dementia præcox and masturbation, 91, 115
- Denial of the habit, 75, 82, 102
- Depressed patients, 115
- Dissimulation as to sex, 117
- Drugs in treatment, 110, 117
- Effects of masturbation (see sequelæ), 64, 72
- Ejaculatio præcox, 121
- Emotional upsets (see psychic), 78, 89, 103, 104
- Endocrines and the sex impulse, 73, 108
- Energy and neuroses, 29
- Enuresis nocturna, 71, 120
- Epileptics, 115

- Equivalents of masturbation
 (see masturbation), 70, 119
 Erogenous zones, 59, 63, 66,
 68, 71, 120
 Ethical problem, sex an, 61
 Ethical resistances, 119
 Exaggerated teachings,
 sources of, 64, 78
 Exaggerations cause harm,
 80, 101
 Excessive masturbation, 64,
 78, 83, 87, 91, 95, 107, 115
 Excretory organs, infantile
 interest in, 22, 66, 70, 74
 Family influences, 33
 Family fixation, 36
 Fear, 78, 80, 89, 101
 Fear, morbid, 123
 Fear of insanity, 90, 118
 Fear of self, 62
 Fixation and abnormalities,
 67, 87
 Frequency (see prevalence),
 65, 74, 76
 Genesis of sexuality, 47, 66
 Genital supremacy, 48, 59, 66
 Girls and boys contrasted
 sexually, 66
 Gratification, affective, 62,
 118
 Guilt, feeling of, 17, 61, 62,
 88, 118, 120
 Harmfulness often exagger-
 ated, 78
 Heredity and masturbation,
 72
 Heterosexual stage, 58
 Homosexual stage, 56
 Hymen, rupture of, and mas-
 turbation, 96
 Hypocrisy as to the habit
 (see Parents), 74, 100
 Hysteria, 121
 Impotence, psychic, 47, 49
 Impulse, 42
 Inferior, sexually, 16
 Inferiority, feeling of, 15, 22,
 30, 34, 88, 101, 122
 Inhibitions, 38
 Inhibitions, faulty, 119
 Inner life of child, 27
 Insanity, fear of, 90
 Insanity not a sequela, 80, 91
 Insomnia, 89, 118
 Instinct, 41
 Instinctive cravings, 38, 40
 Instruction, 15, 17
 Joy of living, 34
 Knowledge from companions,
 18
 Knowledge alone not suffi-
 cient (see instruction),
 104, 105
 Knowledge and sex, 13, 30,
 117
 Latent period, 54
 Libido, 42, 46, 49, 57
 Living, moral and hygienic,
 106
 Local irritation, 73, 110, 112
 Love in childhood necessary,
 35, 43
 Love in childhood, no, 34, 37
 Marriage and masturbation,
 76, 77, 80, 94, 98, 99, 100
 Marriage not to be recom-
 mended as a cure, 77, 119
 Masturbation, accidental, 121
 Masturbation and coitus com-
 pared, 97
 Masturbation by foreign bod-
 ies, 69
 M a s t u r b a t i o n by thigh
 muscles, 69, 109, 120
 Masturbation, clitoris, 68
 Masturbation, extra-genital,
 120
 Masturbation, form of, 68
 Masturbation, manual, 69
 Masturbation, masked, 119
 Masturbation, nymphæ, 68
 Masturbation, substitutive
 forms of, 119
 Materialism, 61
 Mechanical treatment value-
 less, 109
 Mechanism of masturbation,
 68, 92
 Medical treatment, 109

- Mental reactions (see psychic), 84
Modern teaching (see instruction), 65
Moral element in infancy (see clergyman), 65
Moral factor, the, 63
Moral reactions, 79, 83, 84, 86
Moral tone, strengthening of the, 100, 105, 109
Morons (see defectives), 74, 89
Motives, 63, 74
Nail-biting, 70
Narcissistic stage, 54
Negative sex expression in neurotics, 45
Neurasthenia, primary, 72, 79, 92
Neurasthenia, symptoms of, 93
Neuroses, 95
Neurosis and conflict, 38
Neurosis and energy, 29
Neurosis and inferiority, 39
Neurosis and sex, 119
Neurosis, characteristics of, 118
Nymphæ masturbation, 68
Nymphomania, 113
Objective study necessary, 64
Occasional masturbation, 64, 83
Operative treatment, 111
Orgasm and masturbation, 63, 92, 94
Outlets, vicarious social, 101, 102
Paranoid individuals, 117
Parents, aim of, 23, 25
Parents and sex phobias, 28
Parents and sex teaching, 30
Parents, attitude of, 65, 69, 102 (see Attitude)
Parents, duties of, 33
Parents, repressed, 24, 28, 122
Parents, undue repression by, 102
Personality (see character, psychopathic), 78, 81, 84, 107
Phantasy gratification, 53
Phantasy, life of, 29
Phimosis, 112
Physical effects, 79, 91, 95
Physical harm, the question of, 118
Physical treatment, 108
Physician and sex instruction, 19
Physician and unethical advice, 118
Physician, duties of, 20, 100, 115
Pleasure as an aim, 65, 70
Pregnancy, fear of, as a factor, 77, 99
Prevalence of masturbation, 74
Prevalence after marriage, 76
Prevalence in adults, 75
Prevalence in infancy, 65
Prevalence in women, 75, 76
Prevalence in youth, 66
Primacy, genital, 48, 59, 66
Prudishness, 29, 59, 102
Psychic effects, 87
Psychic factor most important, 72, 79, 83, 86, 94
Psychic masturbation, 68, 109
Psychic reactions in women, 92
Psychological considerations, 65
Psychopathic types, 74, 78, 84, 85, 104
Psychosexual development, 50
Psychotics and masturbation, 69, 85, 88, 90, 95, 113
Puberty and sex reactions, 60, 66, 107
Quacks, 85, 112
Questions as guide to teaching sex, 31, 103, 105
Reasons for masturbating, 63, 74
Rectal masturbation, 68

- Religion as an aid, 22, 105
 Religious patients, reactions in, 84
 Remorse (see guilt), 88
 Repression and culture, 27, 29
 Repression and sex feelings in women, 45
 Repression, excessive, 16, 40, 119, 122
 Repression of the sex impulse, 13, 37, 70, 102, 106
 Resentment, 89, 101, 104
 Resistances, 119
 Secrecy, 15, 59
 Secrecy, effect of, 81
 Secret sex knowledge, 82
 Security in youth, 81, 101
 Self-accusations, 115
 Self-control, 35
 Selfishness and masturbation, 65, 70, 80, 88
 Sequelæ, 83
 Sex enlightenment, 73, 103
 Sex enlightenment and prudishness, 102
 Sex gratification, 49
 Sex gratification, failure of, 39, 49
 Sex impulse, aim of the, 42
 Sex impulse, components of, 48, 49
 Sex impulse, origin of, 47
 Sex instinct, 38, 41, 44
 Sex instinct and contempt, 39
 Sex instinct controlled, 38
 Sex instinct in women, 44
 Sex instinct, strong, 44, 60
 Sex knowledge, improper, 103
 Sex trends at various ages, 67
 Sexual excitation, 60
 Sincerity, 24
 Signs, local, 95
 Social esteem and masturbation, 75, 101
 Socialization of youth, 106
 Substitutive gratification, forms of, 119
 Suicidal ideas, 116
 Surgical treatment, local, 111
 Symbols, 117
 Sympathy, intelligent, 15, 22, 81, 101, 103
 Sympathy, lack of, 88, 101
 Symptoms, 83
 Taboos on sex, 13
 Tensions, vegetative, as effects, 94
 Thumb-sucking, 70
 Tics, 120
 Training necessary, 108
 Treatment of masturbation, 100
 Urethra, congestion of posterior, 96, 110
 Urethra, local treatment in, usually contraindicated, 110, 111
 Women and masturbation, 65, 68, 73, 75, 89, 92, 95, 98, 99
 Women, frigidity in (see anæsthesia sexualis), 45
 Women, sex impulse in, 44
 Women, sex reactions in, 120
 Worry harmful, 79, 85, 119



